

**CITY OF BUDA**  
**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**  
**PLEASE PRINT ALL INFORMATION**

Every effort is made to expedite all requests for disclosure of public records, however, due to personnel demands, schedules, and type of information requested the disclosure of records may take the time allowed by law which is ten (10) working days.

**NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_  
 (where you can be reached M-F, 8-5)  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DESCRIPTION OF REQUESTED RECORD (be as specific as possible with format type, dates, etc.)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Date of Request</b>	<b>Signature of Applicant</b>
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REVIEWED BY PUBLIC INFORMATION OFFICER ON _____ APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason) REASON FOR NON-APPROVAL: _____ _____ _____ SIGNATURE OF PIO: _____ Date _____	Date Rec'd _____ Time Received: _____ Date Responded to Requestor: _____
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<b>TO:</b> _____ The information requested above is information pertinent to your department. This information is to be returned to the PIO (City Secretary) as soon as possible, but no later than _____ for disclosure to the requestor. RETURN THIS ORIGINAL WITH RECORDS. Retain copy for file. NOTE: Should there be a reason this information cannot be furnished in the time frame requested, please note below and return this form to the PIO (City Secretary) _____ _____ _____ Signature of Department Director required _____ Date _____	Date/Time Faxed/Delivered to Department: _____ Date/Time Returned from Department: _____
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REQUIRES REVIEW BY CITY ATTORNEY: ____ YES ____ NO CITY ATTORNEY APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason) REASON FOR NON-APPROVAL: _____ _____ DATE OF APPROVAL BY CITY ATTORNEY: _____ SIGNATURE OF CITY ATTORNEY: _____	Date/Time Faxed to City Attorney: _____ Date/Time Returned from City Attorney: _____
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REQUIRES RULING FROM ATTORNEY GENERAL: ____ YES ____ NO ATTORNEY GENERAL APPROVED FOR DISCLOSURE: ____ YES ____ NO DATE OF APPROVAL FOR DISCLOSURE BY ATTORNEY GENERAL: _____	Date Mailed to Attorney General: _____ Date Returned from Attorney General: _____
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DATE DISCLOSED: _____ FEES: \$ _____ (Calculation on Reverse Side) GENERAL RECEIPT # _____ RELEASED BY: _____	<b>Log Reference:</b> Page _____ of _____ Item Number _____
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**PUBLIC INFORMATION CHARGES**

<b>Standard-Size Copy (up to and including 8.5 inches X 14 inches) reproduced by copier or computer printer</b>	_____	\$ .10 per page	_____
<b>Nonstandard-Size Copy</b>			
<b>a. Diskettes</b>	_____	\$ 1.00	_____
<b>b. Nonrewritable CD (CD-R)</b>	_____	\$ 1.00	_____
<b>c. Other electronic media (ie emails)</b>	_____	Actual Cost	_____
<b>d. Audio Cassette</b>	_____	\$1.00	_____
<b>e. Oversized Paper (11 X 17, greenbar, bluebar, not including maps and photographs using specialty paper)</b>	_____	\$ .50	_____
<b>f. Specialty Paper (Mylar, blueprint, blueline, map, photographs)</b>	_____	Actual Cost	_____
<b>Labor Charge -</b>			
<b>a. Personnel - for locating, compiling and reproducing non readily available records (records held off-site)</b>	_____	\$ 15.00/hr	_____
<b>b. Programmer</b>	_____	\$ 28.50/hour	_____
<b>Computer Resource Charge</b>			
<b>Mainframe</b>	_____	\$ 10.00/CPU minute	_____
<b>Midrange</b>	_____	\$ 1.50/CPU minute	_____
<b>Client/Server</b>	_____	\$ 2.20/clock hour	_____
<b>PC or LAN</b>	_____	\$ 1.00/clock hour	_____
<b>Remote Document Retrieval Charge</b>		Actual cost	_____
<b>Miscellaneous Supplies Charge (labels, boxes, and other producing supplies)</b>		Actual cost	_____
<b>Outsourced/Contracted Services</b>		Actual cost	_____
<b>Postal and Shipping Charge</b>		Actual cost	_____
<b>Fax Charge</b>			
<b>Local</b>	_____	\$ .10/page	_____
<b>Long Distance-same area code</b>	_____	\$ .50/page	_____
<b>Long Distance-different area code</b>	_____	\$ 1.00/page	_____
<b>Inspection of Records</b>			
<b>Standard-size form 50 or less readily available</b>	_____	No Charge	_____
<b>Standard-size form excess 50 readily available</b>	_____	Assessed	_____
<b>Deposit If estimated charges exceed \$100.00.</b>	_____	2 charges	(_____)
		<b>Total Charges</b>	_____

