**APPLICATION FOR INFORMATION UNDER TEXAS OPEN RECORDS ACT**

**To: RECORDS MANAGEMENT COORDINATOR**

305 N. Dallas St., Rice, Texas 75155

903-326-4146 or Email to: cmartinez@ricetx.gov

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provide as much information as possible to accurately describe the information and/or document(s) you are requesting, please use the back of this form for additional space if needed.**

**Each record requested requires a cost of $6.00 (Over 50 pages additional cost applies)**

NOTE: Certain exceptions to disclose exist under the Texas Open Records Act to protect against the disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an opinion will be sought from the Attorney General’s Office within ten (10) days from receipt of request.

**Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information below is for Official use only:**

Request received: \_\_\_\_\_\_\_in person \_\_\_\_\_\_\_ by mail \_\_\_\_\_\_\_ by email \_\_\_\_\_\_\_ by fax

\_\_\_\_\_\_Request approved \_\_\_\_\_\_Request disapproved

Documents Released: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request submitted to applicant via: \_\_\_\_\_\_\_ Mail \_\_\_\_\_\_\_Fax \_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_ in person

 \_\_\_\_\_\_\_ Number of Pages \_\_\_\_\_\_\_Requestor paid $\_\_\_\_\_\_\_\_\_\_ via \_\_\_\_\_ Cash/ \_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_M.O.

 Name of Person who picked up information:

(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_PENDING AN OPINION FROM THE TEXAS ATTORNEY GENERAL’S OFFICE

\_\_\_\_\_\_\_ Date Sent to A.G. Office

**OFFICIAL SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Record Request Payment Schedule**

* Charge for Physical Copies of Requested Records:
	+ **Each record requested of 50 pages or fewer requires a base**

**payment of -------------------------------------------------------------$6.00**

* + Copies and/or printouts, standard and legal size of 50 pages

or more --------------------------------------------------------------$.10/page

* + Oversize paper copy -----------------------------------------------$.50/page
	+ Specialty Paper (map) ---------------------------------------------$1.50/page
	+ Labor charge -------------------------------------------------------$15/hr. (Applies solely to paper record requests of 50 pages or greater)
	+ Specialty Paper (mylar, blueprint) -----------------------------$Actual Cost
	+ Postage ------------------------------------------------------------$Actual Cost
* Charge for Electronic Copies:
	+ Diskettes/CD’s -----------------------------------------------------$1.00
	+ DVD ------------------------------------------------------------------$3.00
	+ Flash drive ---------------------------------------------------------$Actual Cost
	+ Body Worn Camera Recording--------------------------- $10 per recording + $1 per full minute, if first time release
	+ Labor charges for locating, compiling, manipulating data,

reproducing, and if necessary, redacting confidential

information ---------------------------------------------------------------$15/hr.

Please make all checks and money orders payable to:

**The City of Rice**