

**CITY OF BEEVILLE
OPEN RECORDS REQUEST FORM**

400 N. WASHINGTON ST
Beeville, TX 78102
361-358-4641 phone 361-358-7355 fax
Email: cityofbeeville@beevilletx.org

DATE _____

METHOD OF RECEIPT: E-MAIL U.S. MAIL FAX IN PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ E-MAIL: _____

RECORDS REQUESTED: Provide specific detail of request.

Requesting: Paper copies digital copies/disk view access only

X _____
Signature of Requestor Today's Date

For completion by City staff:

Office Receive Date: _____ Due Date: _____ Date completed: _____

***By law this office has 10 days to respond to this request**

**PRICES AS ALLOWED BY TEXAS BUILDING AND PROCUREMENT COMMISSION
(As outlined in the Texas Government Code Sub-Chapter F, charges for providing copies of public information Sec. 552.261)**

Number of pages _____	8.5 x 11 x \$.10.....	\$ _____
Number of pages _____	legal x \$.50.....	\$ _____
Number of pages _____	11 x 17 x \$.50.....	\$ _____
CD (\$1.00) DVD (\$3.00) each _____	\$ _____
Labor _____	X \$15.00 per hour.....	\$ _____
TOTAL CHARGE		\$ _____