

CITY OF CENTER POINT

REQUEST FOR ACCESS AND/OR COPIES OF PUBLIC RECORDS

1. REQUEST: I wish to () REVIEW () COPY the following public records.

2. REASON(S): The reason(s) I desire to review and/or receive copies of these records (a direct and legitimate interest and must be stated for each separate record request).

3. COSTS: I acknowledge the following charges will apply to this request: (1) 25¢ per page for copies; and (2) \$25.00 per hour for staff and employee time required to respond.

4. PROCESS: All costs, including copy costs, must be paid prior to any documents being provided. The City will estimate its costs and provide you a cost estimate for staff time which is required to be paid prior to beginning its search and/or retrieval of any documents. Should the time required to assemble the documents exceed the City's estimate, the excess over and above the amount that you prepaid, including copy costs, will be required to be paid prior to your being granted access to any of the documents. Should the actual time expended by the employees and staff be less than the estimate, any overage will be refunded to you.

DATE: _____

SIGNED: _____

ADDRESS: _____

PHONE NO: _____

THIS SPACE FOR OFFICIAL USE:

_____ REQUEST APPROVED
_____ REQUEST DENIED/REASON FOR DENIAL

COSTS:

Total Staff Costs: _____ Hrs. @ \$25/Hr: _____ Amt. Pd: _____ Rec'd By: _____ Date: _____
Total Copy Costs: _____ Pgs. @ 25¢/Pg: _____ Amt. Pd: _____ Rec'd By: _____ Date: _____