OPEN RECORDS REQUEST #:_____

CITY OF BUDA, TEXAS

REQUEST FOR PUBLIC INSPECTION/COPY OF INFORMATION

OFFICE OF THE CITY CLERK

The information may or may not be available at the time requested. The City of Buda reserves ten (10) business days to provide the information requested; however, we will strive to accommodate your request as quickly as possible. Copies will be provided at ten cents ($0.10) per page. Any requests that contain 51 pages or more will be charged for labor at the rate of $15.00 per hour for the time to locate, compile and manipulate data, and to reproduce the requested information, and for overhead at 20 percent of any labor charge. Please see the fee schedule for a detailed listing of all potential charges If charges are estimated to exceed $40.00, we will provide you with an itemized statement of estimated charges. In some instances, we may require a deposit or pre-payment of anticipated copy costs.

PARTY REQUESTING INFORMATION:

_____ _____ _____

Name of Requestor **Email Address** **Daytime Phone Number**

_____ _____

Mailing Address **City/State/Zip**

DESCRIPTION OF PUBLIC INFORMATION REQUESTED. PLEASE BE AS SPECIFIC AS POSSIBLE.

_____

_____

_____

Please select the manner in which you wish to view the requested information.

☐ I wish to physically inspect the requested information at the Office of the City Clerk or respective office.

☐ I wish to have copies made of the requested information at the authorized rates.

Consent to Redaction of Certain Personal Information.

☐ I consent to have social security numbers, driver's license numbers, vehicle registration, e-mail addresses of members of the public, and dates of birth redacted from the requested information.

☐ I consent to have the City of Buda's officials' and employees' dates of birth, home addresses, personal phone numbers, personal e-mail addresses, emergency contact information and family member information redacted from the requested information.

Requestor's Signature:_____

DISPOSITION OF REQUEST FOR PUBLIC RECORDS

(FOR OFFICE USE ONLY)

Date Received: _____ Method of Receipt: _____ Routed to: _____ Dept. Due Date: _____

DATE OF FINAL ACTION ON THIS REQUEST:_____/_____/_____(mm/dd/yyyy)

ACTION TAKEN:_____

(ATTACH COPIES OF ANY INVOICES OR ITEMIZED BILLS ASSOCIATED WITH THIS REQUEST)