



CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (210) 761-7352

Open Records Request Form

All public records are available for inspection or duplication at City Hall located at 511 Main Street, Bandera, Texas, during normal business hours of 8:00 am to 5:00 pm Monday through Friday excluding holidays. The City of Bandera will respond to all requests by the tenth (10th) working day of this request, pursuant to The Public Information Act, Texas Government Code, Chapter 552.

The City of Bandera is happy to reproduce the public records, however, the number of copies you are requesting, and the time involved to copy the request will regulate the cost as follows:

- \$0.10 per page (or any portion thereof) to cover the cost of materials (each side printed is considered a page)
- \$0.50 for each oversized page (or any portion thereof) to cover the cost of materials (each side printed is considered a page)
- \$1.00 per color page (or any portion thereof) to cover the cost of materials (each side printed is considered a page)
- An additional \$15.00 per hour, if more than 50 pages to cover the cost of labor

Please make your request in writing: _____

Name: _____ Phone number: _____

Address: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Disposition of Request for Public Records

Date received: _____ Method of receipt: _____ Routed to: _____

Date of final action on this request: ./_____/_____. (mm/dd/yyyy)

Action taken: _____

(Attach a copy of any invoices or itemized bills associated with this receipt)

To: _____

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.

NOTE: Should there be a reason this information cannot be furnished in the time frame requested or in that it does not exist, please note below and return this form to the PIO (City Secretary).

Date & time delivered to department: _____ Date & time returned to PIO: _____

Signature of department recipient _____

Date _____