

**BANDERA MARSHAL'S OFFICE
OPEN RECORDS REQUEST FORM**

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Telephone No. (Home) _____ (Cell) _____ (Fax) _____

Pursuant to the Texas Government Code Chapter 552 and/or Traffic Code 550.065, I am requesting certain public records, *specifically*:

I would like to obtain these records by (Select an option below) See reverse side for charges.

____ **COPY/COPIES** for my use where the information sought is in the form of paper.

____ **DUPLICATED** for my use where the information sought is in the form of audiotapes, videotapes, computer diskette(s), or other similar recording system.

____ **MAIL** to me at the address indicated above.

____ **FAX** to me at the number indicated above.

____ **PICK UP** by me or my representative at the Bandera Marshal's Office, 511 Main Street, Bandera Tx.

____ **E-MAIL** to me at the following email address: _____

____ **MADE AVAILABLE TO ME FOR EXAMINATION ONLY.** I understand that if the documents are not readily available, the custodian may schedule a date and hour within a reasonable time for me to examine the documents. I understand that I must complete my examination within ten days of the date the records are made available to me.

I agree to pay the cost of photocopying, duplication, the labor cost involved in retrieving information that is not readily available, and the cost of mailing or faxing. In the event the estimated labor cost exceeds \$40.00, You will be provided with a cost estimate as required by section 552.2615 of the Texas Government Code.

I understand that the Bandera Marshal's Office may withhold information that is not considered public information under the Texas Open Records Act, Accompanying Attorney General opinions, and case law. I also understand that the Bandera Marshal's Office is required to release only those documents that exist, in their current state, and that the Bandera Marshal's Office is not required to compile or create specific information or formats for my use.

Signature: _____ Date: _____

* If you are mailing this form, use our mailing address: PO Box 2279 Bandera TX. 78003

* If you are dropping off or picking up, use our physical address: 511 Main Street, Bandera Tx. 78003

* If you are emailing, use email address: BanderaMarshal@CityOfBandera.org

To Be Completed by Bandera Marshal's Office Personnel Only

CHARGES PER ITEM	NUMBER	TOTAL
Offense/Accident Report	_____ @ \$6.00 each	\$ _____
Standard Paper Copy	_____ @ .10¢ each	\$ _____
CD-RW / CD-R	_____ @ \$25.00 each	\$ _____
Digital Video Disc (DVD)	_____ @ \$25.00 each	\$ _____
Body Cam Recording	\$10.00 each + \$1.00 per minute	\$ _____
Color Photo	_____ @ .50¢ each	\$ _____
Labor (compiling, redacting)	_____ @\$15.00 per hour	\$ _____
Computer Resource Charge:		
PC or LAN	_____ @ \$15.00 per hour	\$ _____
Miscellaneous Supplies	_____ Actual Cost	\$ _____
Postage/Shipping Charges	_____ Actual Cost	\$ _____
Fax Charges:		
Local	_____ @ .10¢ per page	\$ _____
Long Distance	_____ @\$1.00/per page	\$ _____
TOTAL CHARGES		\$ _____

_____ **For Office Use Only** _____

Date Request Received by BMO: ____/____/____ **(attach copy of receipt here)**

Approved By: _____

Completed By: _____

Date BMO Responded: ____/____/____

Method of Payment:

Cash: \$ _____

Check # _____

Card: _____

Additional Information:

