

**REQUEST FOR PUBLIC INFORMATION**

**ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE CITY CLERK, 72 W. College, San Angelo, TX 76902**  
**Phone: 325-657-4405 // Fax: 325-657-4553 // [info@satx.us](mailto:info@satx.us)**

**(Please type or print)**

Requestor name: \_\_\_\_\_

Telephone and/or Fax number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

List information as specifically as possible, including name, dates and case numbers, if known. Attach a separate sheet to this form if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (Check one) \_\_\_\_\_ a. I request copies (charged per OAG guidelines)  
\_\_\_\_\_ b. I request only to view at City Hall  
\_\_\_\_\_ c. Other (please explain in detail)

Requestor signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**AVAILABILITY OF PUBLIC INFORMATION**

Date/time request received: \_\_\_\_\_

Department: \_\_\_\_\_

**The information requested is:** (immediately available) (in use) (in storage)  
(otherwise unavailable for immediate inspection) (not available in the requested format).

**If not immediately available:**

The information requested will be available \_\_\_\_\_  
(date and time)

**If not available in the requested format:**

The available format is \_\_\_\_\_

and can be provided \_\_\_\_\_ (date and time) after the authorization to proceed is received.

**To provide the information in the requested format, a contract or services will be required:**

The contract or services are \_\_\_\_\_  
\_\_\_\_\_

**The information can be provided in the requested format:**

\_\_\_\_\_ (timeframe, i.e., days/weeks) after the authorization to proceed is received.

**C. CHARGES FOR PUBLIC INFORMATION**

	<u>Number</u>		<u>Total</u>
<b>Standard-size Paper Copies:</b>	_____	@ \$.10/page	\$ _____
<b>Nonstandard-size Copies:</b>			
-Diskette/CD	_____	@ \$1.00/ea.	\$ _____
-VHS Video Cassette	_____	@ \$2.50/ea.	\$ _____
-Audio Cassette	_____	@ \$1.00/ea.	\$ _____
-Oversized Paper	_____	@ \$ .50/ea.	\$ _____
-Other (also see GSC rules)	_____	(actual cost)	\$ _____
<b>Personnel Charges:</b>			
-Programming	_____	@ \$26.00/hr.	\$ _____
-Other	_____	@ \$15.00/hr.	\$ _____
<b>Overhead Charges:</b> (20% of Personnel)	_____	x .20	\$ _____
<b>Remote Retrieval Charges:</b>			
\$11.00 per delivery/return plus	_____	@ \$2.00/box	\$ _____
<b>Computer Resource Charges:</b>			
-Mainframe	_____	@ \$10.00/min.	\$ _____
-Midsized	_____	@ \$1.50/min.	\$ _____
-Client/Server	_____	@ \$2.20/min.	\$ _____
-PC or LAN	_____	@ \$1.00/min.	\$ _____
<b>Postage/Shipping Charges:</b>	_____	(actual cost)	\$ _____
<b>FAX Charges:</b>			
-Local	_____	@ \$0.10/page	\$ _____
-Long Distance	_____	@ \$0.15/page	\$ _____
<b>Other Charges:</b> (also see GSC rules)			\$ _____
<b>TOTAL ESTIMATED CHARGES</b>			<b>\$ _____</b>

**D. APPROVALS**

Department Head signature: \_\_\_\_\_

City Attorney signature: \_\_\_\_\_

(Necessary only for non-routine requests for public information when Request for Legal Assistance has been previously submitted)

**E. AUTHORIZATION TO PROCEED**

The estimated charges and time required to provide the information in the requested format have been reviewed. Please provide the information in the (requested format) (available format).

Date: \_\_\_\_\_

Requestor signature: \_\_\_\_\_

**F. DEPOSIT AND/OR RECEIPT(S) FOR CHARGES PAID**

(50% of estimated charges if over \$100)

Deposit Receipt # \_\_\_\_\_ x .50 - \$ \_\_\_\_\_

Balance Receipt # \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

Charge account # \_\_\_\_\_