



Date of Request: \_\_\_\_\_

**REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**Information Request:** *Be as specific as possible. Failure to provide specific information will result in the delay of fulfilling your request. Please provide all information you have concerning your request.*

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In accordance with the Texas Public Information Act, I am requesting the following documents/records from the Town of Cross Roads. I understand that I may either schedule a mutually acceptable time with the Town to review these documents/records in person or I may request that these records be photocopied and mailed to me. I understand that there is a charge of ten cents (\$.10) per page for standard sized photocopies and additional charges for non-standard sized documents or for documents/records retained in another media. The Town may also charge ten cents (\$.10) per page for all documents that contain confidential information and must be redacted before they can be viewed by the public.

I understand the Town may charge requestor for personnel time at the rate of \$18.00 an hour. I also understand that I may request an estimate of the charges before ordering copies of the documents/records requested. I understand I may be charged for shipping, postage, and/or handling.

I understand that I must respond to the estimate of charges within ten (10) days, in writing, and inform the Town whether I will accept the charges or my request for information will be deemed withdrawn.

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_

SIGNATURE OF PERSON RECEIVING REQUEST: \_\_\_\_\_