PUBLIC INFORMATION REQUEST FORM



City of Port Lavaca 202 N. Virginia Street Port Lavaca, Texas 77979 City Secretary's Office Fax: 361.552.9793 X 230 Fax: 361.552.6062

Rights	of Req	uestor
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You have the right to:

- Prompt access to information that is not confidential or otherwise protected;
- Received treatment equal to all requestors, including accommodation in accordance with the Americans with Disabilities Act (ADA) requirements;
- Receive certain kinds of information without exceptions, like the voting of public officials, and other information;
- Receive a written statement of estimated charges, when charges will exceed \$40, in advance of work being started and opportunity to modify the request in response to the itemized statement;
- Choose whether to inspect the requested information (most often at no charge), receive copies of the information or both;
- A waiver or reduction of charges if the governmental body determines that access to the information primarily benefits the general public;
- Receive a copy of the communication from the governmental body asking the Office of the Attorney General for a ruling on whether the information can be withheld under one of the accepted exceptions, or if the communication discloses the requested information, a redacted copy;
- Lodge a written complaint about overcharges for public information with the Office of the Attorney General. Complaints of other possible violations may be filed with the county or district attorney of the county where the governmental body, other than a state agency, is located. If the complaint is against the county or district attorney, the complaint must be filed with the Office of the Attorney General.

Procedures to Obtain Information

- Submit a request by mail, fax, e-mail or in person according to a governmental body's reasonable procedures.
- Include enough description and detail about the information requested to enable the governmental body to accurately identify and locate the information requested.
- Cooperate with the governmental body's reasonable efforts to clarify the type or amount of information requested.

Cost of Records

Standa	rd paper copy.		\$0.10 per page	
Nonsta	indard copy.			
A.	Non-rewritable CD		\$ 1.00 each	
В.	PDF File Format		\$ 1.00 each	
C.	Oversize paper copy	(e.g. 11'	'x17", greenbar, bluebar,	
not including maps and photographs using specialty				
	paper)		\$. 050 per page	
D.	Specialty paper (e.g.	: Mylar,	blueprint, blueline, map,	
	photographic)		actual cost	
Progra	mming Labor Charge		\$28.50 per hour	
Labor Charge for locating, compiling, and reproducing public				
Inform	ation.		\$15.00 per hour	
[A labor charge shall not be billed with requests that are for 50				
or fewer pages of paper records, unless records are in separate				
buildin	.g.]			

Address:_____

City-State-Zip:_____

Phone Number:_____

Requestor's Signature:

-Public Information Records Requested-

[*Note: Minutes are not Official unless Passed and Approved by Governing body of the City of Port Lavaca before released to the public].

Requestor's Name:_____

Detailed Description of Records (Use back of page, if necessary):

Information to be released:

- You may review it promptly, and if it cannot be produced within 10 working days the public information officer will notify you in writing of the reasonable date and time when it will be available.
- Keep all appointments to inspect records and to pick up copies. Failure to keep appointments may result in losing the opportunity to inspect the information at the time requested.
 - Information that may be withheld due to an exception of the referral by the Office of the Attorney General; your request will be referred within 10 business days. The Office of the Attorney General must issue a decision no later than the 45th working day from the day after the attorney general received the request for a decision.

Public Information Officer (Records Keeper): Name and Title: Mandy Grant, City Secretary

Signature:

Date / Time Received:_____

Compliance Date Is By:_____

Number of copies Requested:_____ Cost of Copies Requested:_____

Recipient's Signature:

Date / Time of Receipt:

01mos/open records requests/logo public information request form