



Open Records Request Form

Name:

Date of Request:

Company/Organization:

Mailing Address:

City:

State:

Zip:

Email Address:

Phone:

Fax:

Information Requested

Signature of Requestor:

Date:

Charges for Services

- 10¢ Black & White Copy (8.5 X 11, 8.5 X 14) / Each Side
- 25¢ Color Copy (8.5 X 11, 8.5 X 14) / Each Side
- \$1.00 CD or DVD
- 50¢ Black & White Oversized Copy (not including maps) / Each Side
- \$1.00 Color Oversized Copy (not including maps) / Each Side
- \$15.00/Hour Labor for locating, compiling, and reproducing
- Actual Cost Postage and/or Shipping
- Actual Cost Miscellaneous Supplies and/or Other Costs
- Actual Cost Outsourced/Contracted Services
- **** Map Prices Vary (Please Contact CUWCD Office for Pricing)

For CUWCD Use:

\$ _____ Postage/Shipping:

\$ _____ Copy charge: (_____ pages x \$ _____ = \$ _____) (_____ pages x \$ _____ = \$ _____)

\$ _____ Labor Charge: \$15 X _____ hours = \$ _____

\$ _____ Miscellaneous:

\$ _____ Outsourced Service:

\$ _____ **Total Charges**

The Texas Administrative Code §111.67(a) requires that a governmental body provide a requestor with an itemized statement of estimated charges if charges for public information will exceed \$40.