



REQUEST FOR PUBLIC RECORDS

(Deliver request to the City Secretary for processing)

Email to City Secretary: esims@blueridgecity.com or Fax 972-752-9160
Mail to: City of Blue Ridge, City Secretary, 200 S. Main, Blue Ridge, Texas 75424

(Instructions and Fee Schedule Attached)

Date: _____ Telephone Number: _____

Name: _____

Representing Firm of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: (Information requested under the Texas Open Records Act, Texas Government Code, Chapter 552. *PLEASE BE SPECIFIC, OR CLARIFICATION WILL BE REQUIRED.*)

**ACTIVE RECORDS MUST EXIST; NO COMPLYING OR CREATION WILL BE MADE.
INFORMATION REQUIRING EXTENSIVE RESEARCH WILL BE CHARGED \$15.00 PER HOUR.
I REQUEST: _____ INSPECTION ONLY _____ COPIES OF ABOVE REQUEST DOCUMENTS
DO YOU WISH TO BE NOTIFIED OF THE ESTIMATED TIME FOR RESEARCH? ___YES___NO
ARE YOU WILLING TO PAY FOR NECESSARY TIME TO RESEARCH THIS REQUEST? ___YES___NO**

IF NO PLEASE EXPLAIN:

THE CITY WILL STRIVE TO FURNISH ALL INFORMATION THAT IS APPROVED WITHIN TEN (10) WORK DAYS DEPENDING UPON THE WORK LOAD OF EMPLOYEES AND COMPLEXITY OF ITEMS REQUESTED.

In accordance with the Texas Public Information Act, I am requesting the following documents from the City of Blue Ridge. I understand that I may either schedule a mutually acceptable time with the city to review these records in person or I may have these records be photocopied and emailed or mailed to me.

I understand there is a charge of \$0.10 per page for standard size photocopies and additional charges for nonstandard size documents 10 pages or less will be provided free of charge for pick up. Postage fees will apply for all mailed documents.

I understand that I may request an estimate of the charges before ordering copies of the requested documents. If the city determines that compiling of photocopying the requested documents will exceed \$40.00 in charges, a written estimate of charges will automatically be generated and provided to the requestor. Payment authorization will be required before these request will be compiled.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Received

Date/Time Received: _____ Received by: _____
Necessary for Review by City Attorney: ___yes___no Date Sent: _____
Requires Ruling from Attorney General: ___yes___no Date Sent: _____ Response Received: _____
Attorney General Ruling: _____

Released

Processed by: _____ Notified Ready to Pick Up/Date: _____ Time: _____ Initials: _____
Cost \$ _____ Number of Pages: _____ Response Letter Processed: ___yes___no Release Form ___yes___no
Logged In: ___yes___no Initials: _____ Information Released & Cost Paid: Date: _____ Time: _____ Initials: _____
4A _____ 4B _____ Date/Time 4A/4B notified of request and placed in appropriate box: _____ Initials: _____