

CITY OF AMARILLO INFORMATION/RECORDS REQUEST FORM

TO: CUSTODIAN OF RECORDS FOR CITY OF AMARILLO, Building Safety Dept.

FROM: Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Pursuant to Texas Government Code, Ch. 551, I am requesting certain information, specifically:
<input type="checkbox"/> Copy Of Certificate/s of Occupancy Requested Address/es: Requested Item/s:

CHECK ONE BOX

	MADE AVAILABLE TO ME FOR EXAMINATION ONLY. The custodian will schedule an appointment within a reasonable time for my examination of the information. I understand that I must complete my examination within ten days after the date the records are made available to me.
	COPIED OR DUPLICATED for me (See back for fees).

CHECK ONE BOX

	MAILED to me at the address indicated above. (See back for fees.)
	FAXED to me at _____. (See back for fees.)
	PICKED UP by me or my representative when you advise the information is ready.

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available or in need of redacting, and the cost of mailing or faxing. In the event the estimated cost to satisfy my request exceeds: (a) \$40.00, then I will receive a detailed statement and the opportunity to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 or if I owe over \$100 in unpaid fees for prior requests, then I understand a 50% deposit will be required prior to retrieval of the information I currently seek.

I understand that the City of Amarillo may withhold information which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General or the courts. If it is uncertain whether the information is public or not, the City will request an opinion from the Attorney General. I will get a copy of the City's letter to the A.G. concerning my request.

I understand that the City is required to release only information which currently exists, that is in its possession, and in its current state. The City is not required to compile or create specific information or formats for my use. I understand the City will make the information available as soon as reasonably possible, usually no more than 10 business days. Archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing.

Signature Required _____ Date: _____

Please Return the form via FAX to 806-378-3085 or EMAIL to building@amarillo.gov
 If you have questions please call 806-378-3041
 (Please refer to page 2 for schedule of applicable fees)

THIS PAGE TO BE COMPLETED BY CITY PERSONNEL

Requested Address/es: _____

CHARGES PER ITEM	NUMBER	TOTAL
Standard-size: (up to 8½ x 14) Paper Copies (50 pages or less) Paper Copies (51 pages or more) Paper Motor Vehicle Accident Report	_____ @ \$.10/page _____ @ \$.15/page _____ @ \$4.00/each	\$ _____
Nonstandard-size: Diskette Magnetic Tape VHS Video Cassette Audio Cassette Paper (larger than 8½ x 14) Other	_____ @ \$1.00/ea. _____ @ \$10.00/ea. _____ @ \$2.50/ea. _____ @ \$1.00/ea. _____ @ \$0.50/ea. Actual Cost	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Labor charge: (For information not readily available or redacting)	_____ @ \$15.00/hr.	\$ _____
Computer Resource Charges: Mainframe PC or LAN Programming Time	_____ @ \$10.00/min. _____ @ \$1.00/hr _____ @ \$26.00/hr	\$ _____ \$ _____ \$ _____
Postage/Shipping Charges	Actual Cost	\$ _____
FAX Charges: Local Long distance, same area code Long distance, different area code	_____ @ \$0.10/page _____ @ \$0.50/page _____ @ \$1.00/page	\$ _____ \$ _____ \$ _____
TOTAL CHARGES: (No Sales Tax)		\$ _____