



CITY OF BURNET
P.O. Box 1369, Burnet, TX 78611
Request for Disclosure of Open Records
PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records. The City will respond to your request within ten (10) working days, however, due to personnel demands, schedules, and type of information requested the disclosure of records may take longer as allowed by law.

NAME: _____
PHONE: _____
ADDRESS: _____
EMAIL: _____

DESCRIPTION OF REQUESTED RECORD (be as specific as possible with type, dates, etc.)

Date of Request	Signature of Applicant
<p>TO: _____</p> <p>The information requested above is information pertinent to your department. This information is to be returned to the PIO (City Secretary) by _____ for disclosure to the requestor, along with this original request.</p> <p>NOTE: Should there be a reason this information cannot be furnished in the time frame requested, please so note below and return this form to the PIO (City Secretary)</p> <p>_____ _____</p> <p>_____ _____</p> <p>Signature of Department Director required _____ Date _____</p>	<p>Date/Time Faxed/Delivered to Department: _____</p> <p>Date/Time Returned from Department: _____</p>

<p>REVIEWED BY PUBLIC INFORMATION OFFICER ON _____</p> <p>APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason) _____</p> <p>REASON FOR NON-APPROVAL: _____</p> <p>_____ _____</p> <p>SIGNATURE OF PIO: _____ Date _____</p>	<p>Log Reference:</p> <p>Page _____ of _____</p> <p>Line Number _____</p> <p>Date Received: _____</p> <p>Time Received: _____</p>
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<p>REQUIRES REVIEW BY CITY ATTORNEY: ____ YES ____ NO</p> <p>CITY ATTORNEY APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason) _____</p> <p>REASON FOR NON-APPROVAL: _____</p> <p>_____ _____</p> <p>DATE OF APPROVAL BY CITY ATTORNEY: _____</p> <p>SIGNATURE OF CITY ATTORNEY: _____</p>	<p>Date/Time Faxed to City Attorney: _____</p> <p>Date/Time Returned from City Attorney: _____</p>
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<p>REQUIRES RULING FROM ATTORNEY GENERAL: ____ YES ____ NO</p> <p>ATTORNEY GENERAL APPROVED FOR DISCLOSURE: ____ YES ____ NO</p> <p>DATE OF APPROVAL FOR DISCLOSURE BY ATTORNEY GENERAL: _____</p>	<p>Date Mailed to Attorney General: _____</p> <p>Date Returned from Attorney General: _____</p>
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<p>Total Fee \$ _____ (calculation on attached page) Receipt # _____</p>	
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PUBLIC INFORMATION CHARGES

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	_____ + .15 ea. adtnl	_____
	_____ + personnel costs**	_____
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c. VHS video cassette.....	_____ \$ 5.00	_____
d. Audio cassette	_____ \$ 4.00	_____
e. Paper copy (oversized)	_____ \$ 1.00	_____
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Personnel Charge - prorated.....	_____ \$ 15.00/hr	_____
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Photographs	_____ Actual cost	_____
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Fax Charge		
Local.....	_____ \$.10/page	_____
Long Distance-same area code.....	_____ \$.50/page	_____
Long Distance-different area code.....	_____ \$ 1.00/page	_____
Inspection of Records.....		
Request for 50 or fewer readily available documents	_____ No Charge	_____
Request for more than 50 readily available documents.....	_____ Assessed	_____
Deposit if estimated charges exceed \$100.00	_____ ½ charges	(_____)
Total Charges		_____
Transfer charges to front page		