

**CITY OF WEST ORANGE, TEXAS
PUBLIC INFORMATION REQUEST**

Date of request:

Name of requester:

Representing firm or company (if applicable):

Address:

Telephone:

Email address

*** **Specific** description of public record(s) being requested:

*** *The information may not be readily available at the time the request is made. In this event, requested information shall be produced promptly, within a reasonable time, without delay.*

Signature of person making request

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PUBLIC INFORMATION CHARGES

	<u>Number</u>	<u>Total</u>
Paper Copies:		
Standard-size paper copies	_____ @ \$0.10 / page	\$ _____
Oversized-paper (11"x17")	_____ @ \$0.50 / each	\$ _____
Non-standard media:		
DVD	_____ @ \$2.50 / each + cost of media	\$ _____
Audio recording	_____ @ \$1.00 / each + cost of media	\$ _____
Body Worn/Police recording	_____ @ \$10 per recording + \$1 per minute	\$ _____
Other	_____ @ actual cost	\$ _____
Personnel charges:	_____ hours @ \$15 / hour	\$ _____
Overhead charges: (20% of total personnel charges)	\$ _____ x 20%	\$ _____
Postage/shipping charges:	(actual cost)	\$ _____
Fax charges:		
To local number	_____ @ \$0.10 / page	\$ _____
To long distance number	_____ @ \$1.00 / page	\$ _____
Other charges: _____		\$ _____
	TOTAL CHARGES	\$ _____

Note: Sales tax is not applicable on public records.