Open Records Request Form

City of San Benito, Texas
City Secretary's Office
401 N. Sam Houston, Blvd.
San Benito, Texas 78586
(956) 361-3800
(956) 361-3805 facsimile
E-mail: rmcginnis@cityofsanbenito.com

City Secretary's Office:
Date Received: _____ , _____
Time Received: _____ a.m./ p.m.

Please complete the information below to request a record or document from the City of San Benito.

Last Name:	**First Name:**

Contact Information:

Mailing Address:		**City:**
State:	**Zip Code:**	**Phone #:**
Fax #:		**E-mail:**

I am requesting: ☐ **Copies at .10 cents per page** ☐ **Review only**

☐ **I wish to receive all requested information at one time.**

☐ **I wish to receive the requested information as it becomes available.**

Please state your documents request below: (Provide detailed information about what type(s) of information and/or documents you want to receive)

_____

_____

_____

I understand that a 50% Deposit maybe required based on the anticipated costs associated with retrieving the records I have requested. I also understand that if a deposit was required and I fail to pick-up the requested records within 10 days of notification, my Deposit will be applied to the actual costs. Any remaining balance must be paid before release of the records. I further understand that my request for an Open Record is also an Open Record itself. Any request for additional information//copies will require another Open Records Request Form to be filled out and another 50% Deposit maybe required. In making this request I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination, by the Texas Attorney General prior to a release. I further understand that the City has 10 business days after the date of this request in which to request such a determination.

_____
Requester Signature Date

For Office Use Only

Deposit Received: $ _____ Receipt #: _____
Date Requester Notified Information available: _____ Job Completed by: _____
Date Copies/Information Picked Up: _____ Balance Paid: $ _____ Receipt # _____
Copies picked up by: _____ Staff Member Initials: _____