

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 facimile

email: lpasement@cityofsanbenito.com



City Secretary's Office date received: _____

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

Last Name:	First Name:
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Contact Information:

Mailing Address:		City:
State:	Zip Code:	Phone #:
Fax #:		Email:

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's 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:** _____