



INFORMATION REQUEST FORM

The Office of the City Secretary
P.O. Box 911 ★ 1034 E. Levee St ★ Brownsville, Texas 78522-0911
Ph: 956/548-6001 ◆ Fax: 956/546-2130

You may submit your request via Email at: public.inforequest@cob.us

**ALL REQUESTS FOR INFORMATION MUST BE IN WRITTEN FORM. THIS FORM IS FOR YOUR CONVENIENCE.
YOUR REQUEST CAN BE MADE BY PERSONAL LETTER, MEMO, FAX, E-MAIL, OR DELIVERED IN PERSON.**

DATE: _____

TIME: _____

Name of Person making request: _____

Address (personal) _____

Business Name (if applicable): _____

Address: _____ E-Mail ► _____

City: _____ State: _____ Zip Code: _____

Personal Telephone No.: _____ Cell No.: _____ Fax No.: _____

Business Telephone No.: _____ Fax No.: _____

The information above is not required but would be helpful in case we need to contact you regarding your request.

INFORMATION REQUESTED: COPIES: [____] INSPECTION ONLY:[____] (No charge if less than 50 pages)
Be specific in your request – Whenever possible give dates.

FEES: [Per Texas Public Information Act adopted in 1973]

COPIES: 10¢ per page. CERTIFIED COPY: \$5.00 each item FAX FEE: (long distance): \$4.00 LOCAL FAX: \$-0-

STAFF TIME to retrieve information: \$15.00 per hour OVERHEAD FEE for voluminous requests: 20%

Requests estimated to be in excess of \$100 require a deposit. You should notify us within 10 business days if: you accept the changes and agree to pay or, if you wish to modify your request. Otherwise, the request will be considered withdrawn. Should the requested information result in a higher amount than was estimated, you will be charged accordingly. If a refund is applicable, it will be provided under separate cover.

DELIVERY VIA: Fax ____ Mail ____ E-Mail ____ Will pick up: ____ Other: _____

► Mainland Overnight from City Secretary's Office: Send prepaid airbill; ► Overnight Out of USA: Call 956/548-6001.

FOR OFFICE USE ONLY:

Date Received: _____ Forwarded to: Dept(s) _____ Date: _____

NO. OF PAGES: _____ STAFF TIME FEE: \$ _____ (if any) TOTAL FEE CHARGED: \$ _____

ISSUED BY: _____ DATE _____
(attach receipt, memo/letter, E-mail, etc...)

Signature of Requestor/Representative
(only if information was received)