



**REQUEST FOR INFORMATION**

**ATTN: City Secretary**

**City of Breckenridge**

(Please Print Clearly)

**Date of Request:** \_\_\_\_\_ **Requestor Name:** \_\_\_\_\_

**Requestor Phone #:** \_\_\_\_\_

**Name of Firm or Company:** \_\_\_\_\_

**Requestor Address:** \_\_\_\_\_  
\_\_\_\_\_

**Requestor Email:** \_\_\_\_\_

In accordance with the Texas Public Information Act, I am requesting the following documents from the City of Breckenridge. I understand that I may either schedule a mutually acceptable time with the city to view these records in person or I may have these records photocopied and emailed or mailed to me.

I understand there is a charge of \$0.10 per page for standard size photocopies (up to 8.5 inches by 11 inches) and additional charges for nonstandard size documents or for documents retained in other formats. Postage fees will apply for all mailed documents.

I understand that I may request an estimate of the charges before ordering copies of the requested documents. I understand the City may charge requestor for personnel time if the request is more than fifty (50) pages long or if records have to be pulled from two (2) or more separate buildings. If the city determines that compiling or photocopying the requested documents will exceed \$40.00 in charges, a written estimate of charges will automatically be generated and provided to the requestor. Payment authorization will be required before these requests will be compiled.

I understand that I must respond to the estimate of charges within ten (10) days, in writing, and inform the City whether I will accept the charges or my request for information will be deemed withdrawn.

\_\_\_\_\_  
**Requestor Signature**

\_\_\_\_\_  
**Date**

**Information Requested:** (Must be specific: Include names, dates, times, addresses, or any other information known to ensure your request can be processed accurately and timely without unnecessary clarification request delays.)

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**FOR CITY SECRETARY ONLY – RECEIVED:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Via: \_\_\_\_\_