



OPEN RECORDS REQUEST \_\_\_\_\_

**CITY OF BULVERDE, TEXAS  
PUBLIC REQUEST FOR INSPECTION/COPY OF INFORMATION  
OFFICE OF THE CITY SECRETARY**

The Information May Or May Not Be Available At The Time Requested. The City Of Bulverde Reserves The Right Of At Least Ten (10) Business Days To Complete The Public Information Request; However, We Will Strive To Accommodate Your Request As Quickly As Possible. Copies Will Be Provided At Ten Cents (\$.10) Per Page. Any Requests Of 51 Pages Or More Will Be Assessed Charges Based On Materials, Labor, Overhead, Postage, Etc. At The Rate Of \$15.00 Per Hour For The Time Required To Fulfill The Request. If Copy Charges Exceed \$40.00, We Will Provide You With An Itemized Estimate Of Charges. For Requests With Charges Exceeding \$100.00, We Will Require Pre-Payment Of 100% Of The Anticipated Copy Costs.

**PARTY REQUESTING INFORMATION:**

\_\_\_\_\_  
(Name of Requestor) \_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(City/State/Zip) \_\_\_\_\_ / \_\_\_\_\_  
(Telephone No.) (Email address)

**DESCRIPTION OF PUBLIC INFORMATION REQUESTED. PLEASE BE AS SPECIFIC AS POSSIBLE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please select the manner in which you wish to view the requested information:  
\_\_\_ I wish to physically inspect the requested information at the City offices.  
\_\_\_ I wish to have copies made of the requested information at the authorized rates.
- Consent to Redaction of Certain Personal Information  
\_\_\_ I consent to have social security numbers, driver’s license numbers, home addresses, personal phone numbers, and e-mail addresses redacted from the requested information.

Withholding consent may delay processing of this request by up to 45 business days while the City seeks an Attorney General’s Opinion on its ability to release this information.

REQUESTOR’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DISPOSITION OF REQUEST FOR PUBLIC RECORDS**

Date Received: \_\_\_\_\_ Method of Receipt: \_\_\_\_\_ Routed To: \_\_\_\_\_  
Date of Final Action On This Request: \_\_\_\_\_ (mm/dd/yyyy)  
Action Taken: \_\_\_\_\_

(ATTACH COPIES OF ANY INVOICES OR ITEMIZED BILLS ASSOCIATED WITH THIS REQUEST)

**RETURN TO THE CITY SECRETARY’S OFFICE NO LATER THAN:** \_\_\_\_\_