

**CITY OF THE COLONY
POLICE DEPARTMENT
REQUEST FOR PUBLIC INFORMATION**

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public information; however, due to personnel demands and schedules, there are incidents when the disclosure of information may take the time allowed by law.

Today's Date: _____

Requestor's Name: _____

Contact Address: _____

Contact Phone #: _____

Email address: _____

I am requesting information pursuant to the Texas Public Information Act. **I understand if I am requesting information concerning a pending criminal case or investigation, I will receive only the front-page or basic information. I understand The Colony Police Department has ten (10) business days and in some instances fifteen (15) business days to process my request.** In addition, I understand The Colony Police Department may request an opinion from the Texas Attorney General's office concerning the release of the requested information. Further, I understand there may be charges assessed for processing my request. These costs are established by state law. I understand The Colony Police Department will assess the applicable charges provided by state law. Moreover, should the request result in charges exceeding \$40.00, I understand I will be sent a cost estimate letter before the request is processed. I must respond to the cost estimate letter in a timely fashion. I understand I will be contacted when my request is completed. I understand completed requests will be held for only the time period provided by state law. After that date, the request will be considered withdrawn.

I am requesting information concerning the following:

Report Number(s): _____ Date of Incident(s): _____

Address of incident: _____

Other Information: _____

Signature of Requestor

I understand that in lieu of the department requesting an opinion of the Office of the Attorney General, I will accept a redacted copy of the documents that I am requesting.

Signature of Requestor

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Date Received: _____

By: _____

Staff Comments: _____

Date Disclosed to the Requestor: _____

Total Cost: _____

Logged in: _____

Receipt #: _____

BILLING FORM

I.	STANDARD PAPER COPY (up to and including 8 ½"x14") reproduced by copier or computer printer	
A.	50 pages or less of readily available Information	_____ at 10¢ per page \$ _____
B.	50 pages or more of readily available Information subject to personnel and Overhead charges (both sides)	_____ at 10¢ per page \$ _____
II.	OFF-SITE RECORDS Actual cost to the City for retrieval	\$ _____
III.	PERSONNEL COSTS Allowable hourly rate (not charged for 50 pages or less of readily Available information)	_____ at \$15.00/hr. \$ _____
IV.	OVERHEAD COSTS Calculated at 20% of the personnel costs (not charged for 50 pages or less of readily Available information)	_____ at x 20% \$ _____
V.	POSTAL CHARGES	Actual cost \$ _____
VI.	NON-STANDARD COPY	
A.	CD	_____ at \$1.00 each \$ _____
B.	Oversized paper copy (11x17;green bar)	_____ at 50¢ each \$ _____
C.	DVD	_____ at \$3.00 each \$ _____
D.	Body Cam Video	_____ at \$10.00 each \$ _____
X.	MISCELLANEOUS SUPPLIES	_____ Actual cost \$ _____
TOTAL CHARGES (Transaction Code 702)		\$ _____

WAIVER

The City of The Colony reserves the right to waive fees for the cost of a copy or copies requested by a city official, city employee, or other governing entities (local, state, or federal). The City of The Colony reserves the right to waive fees for the cost of a copy or copies in an amount less than \$1.00.

PLEASE NOTE:

A deposit SHALL be required from anyone requesting more than copies for which the estimated cost is \$100.00 or more. The amount of the deposit shall not exceed the estimated actual cost of the copies themselves.