

PUBLIC INFORMATION REQUEST

A. REQUEST IDENTIFICATION						
Name of Requ	estor	Telephone	Date			
Address (Fill in	if information will be maile	ed)				
Email Address	(If information requested,	is not too lengthy and readily available, it will	be provided at NO CHARGE)			
Description of I	nformation Requested: (A	ttach additional sheets if necessary. Please b	pe specific as possible.)			
Signature of Re	equestor (if in person)					
THE FOLLO	WING FOR OFFICE	USE ONLY:				
B. DEPARTME	NTAL RESPONSE					
Department		Request Handled by:	Telephone No.			
			Fax No.			
REQUI	ESTOR: See response c	necked below:				
	This above information	was provided via email on(Da	<u></u> . te)			
	This information is unavailable at this stime. It will be available for review on at (Date)					
	· ,					
	This information is maintained by this department but may be protected information under the Texas Public Information Act. Your request will be promptly reviewed and you will be informed of its status.					
	This information can be copied for you. Please see Section C, attached, for an estimate of charges.					
	The information requested has been copied for you. Please see Section C, attached, for total					

C. INFORMATION CHARGES

COST ESTIMATE

An estimate of costs to copy information you requested is provided below. This estimate has been calculated from anticipated charges that are indicated at the bottom of this page. Actual cost may be higher or lower than the cost estimate. Please indicate your desire to proceed with this request by checking one of the boxes below, signing and dating this form, and returning it either by fax to the fax number listed in Section B of the previous page, or mailing it to the address shown at the lower right.

Cost Estin	nate:		

NOTE: Cost estimates that exceed \$100 require a deposit before a request can be processed.

I wish	to	have	the	information	copied.
	•••				00p.00.

	l do not	wish t	o have	the i	information	copied.
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	Signature	of	Requestor	
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Date

ACTUAL COST

The cost of copying the information you requested is provided below. This cost has been calculated from the total charges indicated in the table below. Please remit payment, either in person, or by check made out to the City of Reno and addressed as shown below. Thank you.

Actual	Cost:			
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If mailing, send to attention of department named in Section B of the previous page, addressed to:

Attn: (department) City of Reno 160 Blackburn Street Reno, TX 75462-7152

	CATEGORIES	DESCRIPTION	NUMBER	FEE RATE	TOTAL
1.	Standard-Size Paper Copy	Up to 8-1/2" x 14"		@ \$.10 per page	\$
2.	Nonstandard-size copy:			•	
	(A)	Diskette		@ \$1.00 each	\$
	(B)	Magnetic Tape		@ \$10.00 each	\$
	(C)	VHS Video Cassette		@ \$2.50 each	\$
	(D)	Audio Cassette		@ \$5.00 each	\$
	(E)	Paper Copy 11" x 17"		@ \$0.50 each	\$
	(F)	DVD		@ \$3.00 each	\$
	(G)	CD-R or CD-RW		@ \$1.00 each	\$
3.	Personnel Charge			@ \$15.00 / hr.	\$
4.	Overhead Charge			20% of Personnel Charge	\$
5.	Micro Fiche / Film			Actual Cost	\$
6.	Remote Document Retrieval	Charge		Actual Cost	\$
7.	Computer Resource Charge:				
	(A)	Mainframe		@ \$17.50 per minute	\$
	(B)	Midsize		@ \$3.00 per minute	\$
	(C)	Client/Server		@ \$1.00 per minute	\$
	(D)	PC or LAN		\$ 0.50 per minute	\$
8.	Miscellaneous Supplies			Actual Cost	\$
9.	Postage & Shipping Charge			Actual Cost	\$
10.	Photographs			Actual Cost	\$
11.	Fax Charge: (A)	Local		@ \$ 0.10 per page	\$
	(B)	Long Distance, same area code		@ \$0.50 per page	\$
	(C)	Long Distance, different area code		@ \$1.00 per page	\$
				TOTAL CHARGES:	\$