

# PUBLIC INFORMATION REQUEST FORM

For public information requests, complete this form and mail to CCGCD, 910 Milam Street, Columbus, TX 78934 or email to kim@ccgcd.net.

Requestor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## DESCRIPTION OF DATA REQUESTED

**Pursuant to the Texas Public Information Act, Chapter 552, I hereby request the following information currently existing in the records of Colorado County.** *Please make your request as clear and specific as possible. For example: Specific correspondence, reports, board meeting proceedings or other documents, along with the approximate dates of these records. Also, please indicate the format desired for the information you are requesting.*

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## Charges for Services:

Standard Size Black Ink Copies (8.5x11): \$ 0.10 per page  
Standard Size Color Ink Copies (8.5x11): \$0.25 per page  
Non-Rewritable CD: \$ 1.00 per CD  
Locating & Reproducing Information: \$25.00 per hour (labor for locating, compiling and reproducing)  
Posting & Shipping: Actual Cost  
Miscellaneous supplies and other costs: Actual Cost  
Outsourced/Contracted Services: Actual Cost

**PICK UP** I will pick up the information I've requested. Please email when the documents are ready.

**MAIL** Mail the information to me at the address listed above once you have received my payment for these charges.

**NO COPIES / IN-PERSON REVIEW** I do not want copies but wish to inspect the originals of the requested information. Please notify me by email to schedule a time when records will be available for viewing.

In making this request, I understand that Colorado County Groundwater Conservation District is under no obligation to create a document that does not already exist or to comply with a standing request for information. Each request requires a new request form. Colorado County Groundwater Conservation District will provide the requested information as expediently as possible. Please allow ten business days. If your request will take longer than 10 days, you will be notified by mail.

\_\_\_\_\_  
Signature of Requestor

FOR CCGCD OFFICE USE ONLY	
Date Received: _____	Received by: _____
Itemized Charges:	
\$ _____	Postage/Shipping
\$ _____	Copy Charge
\$ _____	Labor Charge
\$ _____	Miscellaneous Charge
\$ _____	Outsourced Service
\$ _____	Total Charges