

City of Benbrook
Request for Public Information
911 Winscott Road
Benbrook, Texas 76126

Fax: 817-249-0884 or email: king@cityofbenbrook.com

Please use this form to request records from the City of Benbrook. In accordance with the Texas Public Information Act, records will be provided within ten (10) business days unless considered confidential by law. Every effort is made to expedite all requests for disclosure of public information, however, due to personnel demands and schedules, requests may take the time allowed by law.

A. REQUEST IDENTIFICATION

Name of Requestor: _____ Phone: _____ Date: _____

Mailing Address: _____

Description of Information Requested: (Attach additional sheets if necessary. Please be specific as possible.)

Signature of Requestor (If in person)

B. DEPARTMENT RESPONSE

Department: _____ Request Handled by: _____
Telephone No. _____ Fax No. _____ Date: _____

REQUESTOR: See response checked below:

This information is unavailable at this time. It will be available on _____ (date) at _____ (time).

This information is not created or maintained by this governmental body.

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 below for an estimate of charges.

The information requested has been copied for you. Please see Section C below for total charges due.

**C. INFORMATION CHARGES
COST ESTIMATE**

An estimate of costs to copy the information you requested is provided below. This estimate has been calculated from anticipated charges that are indicated on the back of this form. Actual costs 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 above, or mailing it to the address shown below.

Cost estimate: _____

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

___ I wish to have the information copied.

___ I do not wish to have the information copied and request notification of date and time information can be reviewed.

Signature of Requestor

Date

ACTUAL COST

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

Actual Cost: _____

If mailing, send to the attention of department named in Section B above, addressed to:

Attn: (department)
City of Benbrook
911 Winscott Road
Benbrook, Texas 76126