



Texas Public Information Act Information Request

The City _____ has 10 business days from the date of the filed request to process your application. By signing below, you agree to the terms and conditions of this agreement and understand that the fees listed below are subject to additional labor costs incurred by the City in providing the requested information.

Submit completed form using any of the following designated methods: Email: records@winnsborotexas.com | US Mail or in person: Records Management Officer, c/o City Hall, 501 S. Main St. Winnsboro TX 75494

Requestor Contact Information : Name: _____ Phone: _____

Email Address: _____ Mailing Address: _____

Requests should be as detailed as possible, including date/time/type of report.

There may be charges associated with production of this request, including but not limited to:

Standard-size paper copy (up to 8.5" x 14")	\$.10 per page (for 50 pages or less; however - if records are stored at a remote storage facility, at two or more separate buildings that are not connected or consists of over 50 pages, then labor and overhead charges are applicable*.)
Labor Charge*	\$15.00 per hour
Overhead Charge*	20% of labor charge
Postage & Shipping Charge	Actual Cost
Accident Report	\$4.00

Under the Public Information Act, some categories of information do not have to be released. Exceptions to disclosure fall into two general categories: 1) mandatory exceptions that make information confidential and require a governmental body to withhold information, and 2) discretionary exceptions that allow but do not require a governmental body to withhold information. In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request, then you may request the redacted information in a future information request.

How would you like to have the information provided?

Email ___ **Regular Mail** ___ **On-Site Inspect** ___ **Pick-up** ___

- Do you agree to the redaction of information that is subject to mandatory exceptions, provided such redactions are clearly labeled on the information you received? **Yes** ___ **No** ___
- Do you agree to the redaction of information that is subject to discretionary exceptions, provided such redactions are clearly labeled on the information you receive? **Yes** ___ **No** ___

Signature of in hand Receipt: _____ Date: _____

Completed By: _____ Date: _____