

REQUEST FOR INSPECTION/COPY OF INFORMATION

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE CITY SECRETARY, 622 E. MARKET STREET, ROCKPORT, TX 78382
Phone: (361) 729-2213 // Fax: 361-790-5966 // citysec@cityofrockport.com



Name of Requestor: _____

Mailing Address: _____

City _____ State _____ ZIP Code _____

Telephone #: _____ Fax #: _____

Email Address: _____

DESCRIPTION OF PUBLIC INFORMATION REQUESTED (Please use as much detail as possible):

You may inspect the requested information within ten (10) business days of the information being made available to you or receive copies at \$0.10 per page. Any copy request of 51 pages or more that requires gathering or compiling will be charged, depending upon materials, labor, overhead, postage, etc., at the rate of \$15.00 per hour for the time required to fulfill the request. If copy charges exceed \$40.00, we will provide you with an itemized Estimate of Charges. In some instances, we may require a deposit for payment of anticipated copy costs.

PLEASE CHECK APPROPRIATE BOX: I wish to inspect I wish to have copies

Signature of Requestor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date Received: _____ Date Paid: _____

Department Review

Name: _____ Department: _____

Date Received: _____ Date Sent to City Secretary: _____

City Attorney Review

Necessary for Review by City Attorney: YES NO. IF YES, Date Sent for Review: _____

Date Received from City Attorney: _____ Approved for Disclosure: YES NO

Attorney General Review

Requires Ruling from Attorney General: YES NO

If YES, Date Sent for Review: _____ Date Received from Attorney General: _____

Approved for Disclosure: YES NO

City Secretary Review

Date of Final Review: _____ Date Requestor Notified: _____ Date Disclosed: _____