



**CITY OF RENO, TEXAS
PUBLIC REQUEST FOR INSPECTION/COPY OF INFORMATION
OFFICE OF THE CITY SECRETARY
Public Information Officer**

The information may or may not be available at the time requested. This request will be processed within ten (10) working days to complete the public information request; however, we will strive to accommodate your request as quickly as possible. Copies will be provided at ten cent (\$0.10) per page. Any copy requests of 51 pages or more that require gathering and/or compiling will be charged depending on materials, labor, 20% overhead, postage, etc. at the rate of \$15.00 per hour for the time required to fulfill the request. If copy charges exceed \$50.00, we will provide you with an Itemized Estimate of Charges. In some instances, we may require a deposit or pre-payment of anticipated copy costs.

PARTY REQUESTING INFORMATION:

(Name of Requestor) (Mailing Address)

(City, State/Zip) (Daytime Telephone Number)

DESCRIPTION OF PUBLIC INFORMATION REQUESTED. PLEASE BE AS SPECIFIC AS POSSIBLE.

Type of Report: ___ Accident Report ___ Incident Report ___ Other

Date of Occurrence _____

Please select the manner in which you wish to view the requested information

- I wish to physically inspect the requested information at the City offices.
- I wish to have copies made of the requested information at the authorized rates.

Consent to Redaction of Certain Personal Information

- I consent to have social security numbers, driver's license numbers, home addresses, personal phone numbers, and e-mail addresses redacted from the requested information. **Withholding consent may delay processing of this request by up to 45 business days while the City seeks Attorney General's Opinion on its ability to release this information.**

Requestor's Signature: _____

**DISPOSITION OF REQUEST FOR PUBLIC RECORDS
(FOR OFFICE USE ONLY)**

Date Received: ___/___/___ Person Receiving Request _____ Method of Receipt _____

DATE OF FINAL ACTION ON THIS REQUEST: ___/___/___ Routed to: _____

ACTION TAKEN: _____
(ATTACH COPIES OF ANY INVOICES OR ITEMIZED BILLS ASSOCIATED WITH THIS REQUEST)

RETURN TO THE CITY SECRETARY'S OFFICE **NO LATER THAN:** ___/___/___