



# TOM BEAN MUNICIPAL COURT

## Discovery Request Form

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information:

(Please check one)

\_\_\_\_\_ to inspect and copy:  
\_\_\_\_\_ to obtain copies

Of the following City of Tom Bean Record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(in order to reduce administrative and copying charges, please provide as detailed a description as possible of the record(s) that you are requesting)

Please check one:

\_\_\_\_\_ I understand that pursuant to The Texas Government Code, Chapter 552, I will be charged administrative and copying fees for the cost to search, retrieve, copy, and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is \$.10 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request. See attached charge schedule.

\_\_\_\_\_ I would like to review the documents/receive the copies within ten (10) business days of this request if the records are available; however, I understand that if the records cannot be produced within ten (10) business days, a timetable for their release will be provided to me; or

\_\_\_\_\_ I do not need the documents/access within ten (10) business days, but would like to review the documents/receive the copies by \_\_\_\_\_. (insert desired timetable)

if there are any questions about my request, I may be contacted at (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_.

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

\_\_\_\_\_  
Printed Name                                      Date

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Court Use Only:**

Completed By: \_\_\_\_\_ Date(s): \_\_\_\_\_ Total Research Hours: \_\_\_\_\_  
Copying Fee: \_\_\_\_\_ Administrative Fee: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ /Cash

CAUSE NUMBER: \_\_\_\_\_

## CHARGE SCHEDULE / BILL OF COST

(1) Standard paper copy: \$0.10 per page.	# of pages	_____	\$ _____
(2) Nonstandard-size copy:			
(A) Diskette: \$1.00	# of Diskette	_____	\$ _____
(B) Magnetic tape: actual cost	# of Magnetic tapes	_____	\$ _____
(C) Data cartridge: actual cost	# of Data cartridges	_____	\$ _____
(D) Tape cartridge: actual cost	# of Tape cartridges	_____	\$ _____
(E) Rewritable CD (CD-RW): \$1.00	# of CD-RW	_____	\$ _____
(F) Non-rewritable CD (CD-R): \$1.00	# of CD-R	_____	\$ _____
(G) Digital video disc (DVD): \$3.00	# of DVD	_____	\$ _____
(H) JAZ drive: actual cost	# of JAZ drive	_____	\$ _____
(I) Other electronic media: actual cost	# of Other	_____	\$ _____
(J) VHS video cassette: \$2.50	# of VHS	_____	\$ _____
(K) Audio cassette: \$1.00	# of Audio cassette	_____	\$ _____
(L) Oversize paper copy: \$0.50	# of pages	_____	\$ _____
(M) Specialty paper: actual cost.	# of pages	_____	\$ _____
(N) Other: actual cost	# of other	_____	\$ _____
(3) Labor Charge:			
(A) For programming: \$28.50 per hr.	# of Hours	_____	\$ _____
(B) For locating, compiling, reproducing: \$15 per hr.	# of Hours	_____	\$ _____
(4) Overhead Charge: 20% of labor charge			\$ _____
(5) Miscellaneous supplies: actual cost			\$ _____
(6) Postage and shipping cost: actual cost			\$ _____
(7) Photographs: actual cost			\$ _____
(8) Other: actual cost			\$ _____
(9) Outsourced/ Contracted Services: actual price			\$ _____
(10) Sales tax: 0.00 tax			\$ _____
	TOTAL DUE		\$ _____

You have Ten (10) business days from the date \_\_\_\_\_ of this letter to respond with payment to receive available documentation and to set up an appointment to view documents that are unable to leave this office.

Initial the one at which you choice:

\_\_\_\_ I the said defendant **do** agree to the payment schedule fee and will pay the said fee to receive the documentation that I have requested. I understand that I will receive the documentation within 10 days after I have paid the required fees,

\_\_\_\_ I the said defendant **do not** agree to the payment schedule fee for the documentation that I have requested. I understand that I will **not** receive any documentation until after I have paid the required fees.

\_\_\_\_\_  
Signature / Print Name / Date

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COURT USE ONLY

Date received \_\_\_\_\_ Employee receiving information \_\_\_\_\_

Date released \_\_\_\_\_ Employee releasing information \_\_\_\_\_

Total due \$ \_\_\_\_\_ (cash, check, money order, credit card) Receipt # \_\_\_\_\_ Date completed \_\_\_\_\_