



## BRAZOS COUNTY

Bryan, Texas

### OPEN RECORDS REQUEST

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ \* Phone: \_\_\_\_\_

\_\_\_\_\_  
+ E-mail: \_\_\_\_\_

Pursuant to the Public Information Act, Texas Government Code Section 552, I hereby request the following information currently existing in the records of Brazos County, Texas:

\_\_\_\_\_  
Please provide detailed information about what type(s) of information and/or documents you want to receive. Feel free to use the back.

NOTE: The more information you give us about what information you want, the easier it will be for us to comply with your request.

I wish to receive copies of the requested information. I understand that I must pay 10 cents per page for standard size copies and that a charge for labor may be included for larger requests. Information copied onto nonstandard-size paper, cassette tapes, computer discs, photographs and other medium will require additional charges. All charges must be paid at the time of delivery. An *estimate* of what will be charged will be provided to you in advance.

I will pick up the copies. Please  +e-mail me  send me a letter when they are ready.

I do **not** want copies, but wish to inspect the originals of the requested information. Please:

e-mail me, or

send me a letter with information on when they will be available for inspection, and how to schedule an appointment for this. I reserve the right to request copies after inspecting the originals, and understand that an estimate of charges will be sent to me shortly thereafter.

In making this request, I understand that Brazos County is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that Brazos County has ten business days in which to request such a determination.

\_\_\_\_\_  
*Your Signature*

\* Information regarding your request will not be conveyed by phone.

+ Please include your e-mail address only if you check your e-mail at least once daily.