

DATE OF OPEN RECORD REQUEST \_\_\_\_\_



**CITY OF MARION, TEXAS  
PUBLIC REQUEST FOR INSPECTION/COPY OF INFORMATION  
OFFICE OF THE CITY SECRETARY**

The information may or may not be available at the time requested. The City of Marion reserves the right of ten (10) business days to complete the Public Information Request; however, we will strive to accommodate your request as quickly as reasonably possible. Copies will be provided at ten cents (\$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, 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 or pre-payment of anticipated copy costs.

**PARTY REQUESTING INFORMATION:**

\_\_\_\_\_  
(Name of Requestor)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(City/State/Zip)

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

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

Please select the manner in which you wish to view the request 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.

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

Date Received: \_\_\_\_\_ Method of Receipt: \_\_\_\_\_ Route to: \_\_\_\_\_

DATE OF FINAL ACTION ON THIS REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

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

RETURN TO THE CITY SECRETARY'S OFFICE NO LATER THAN: \_\_\_\_\_