



Public Records request

DATE OF REQUEST: _____

REQUESTOR NAME: _____

REQUESTOR ADDRESS/PHONE NUMBER: _____

ITEM/INFORMATION REQUESTED:

BILLING RATES AS OF 02/11/2004

YOUR CHARGES

Standard size paper copies-\$.10 per page

Nonstandard size paper copies - \$.15

Computer Diskettes- \$1.25

Audio Cassettes - \$1.25

VHS video cassettes -\$2.50

CD Rewritable/non-Rewritable \$1.50

PLEASE REMIT TO: City of Ingleside

City Secretary

P.O. Drawer 400

Ingleside, TX 78362

Phone (361)776-2517

Fax(361)775-0109

DATE RECEIVED BY REQUESTOR: _____

SIGNATURE: _____