# CITY OF SLATON
## CITY SECRETARY

## OPEN RECORDS REQUEST

**DATE:** _____

**NAME:** _____

**ADDRESS:** _____

**PHONE #:** _____ **EMAIL:** _____

**LIST REQUESTED INFORMATION: BE SPECIFIC REGARDING DATE(S), TIME PERIOD(S), AND NAME(S):**

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**CHECK HOW YOU WOULD LIKE DOCUMENTS:**

☐ **I request paper copies of documents to be picked up at City Hall**

☐ **I request documents to be emailed to the above email address.**

**I understand that the information will be provided in accordance with the Public Information Act in Chapter 552 of the Texas Government Code (which allows up to a 10-business-day response period) and that a fee will be charged for the information (payable upon receipt of information). Fee schedule: $0.10 per 8 1/2 by 11/14-inch page; $0.50 per 11 /17-inch page, and other charges, including labor, are calculated accordingly.**

**PLEASE RETURN ALL REQUESTS TO PAMELA KING, CITY SECRETARY TO PKING@CITYOFSLATON.COM OR IN PERSON TO SLATON CITY HALL 130 S 9TH ST, SLATON, TX 79364**

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**Sign and Date:**

130 S. 9TH ST * SLATON, TEXAS 79364 * 806.828.2020 * FAX 806.828.2002
www.cityofslaton.com * mailto:pking@cityofslaton.com