

REQUEST FOR PUBLIC INFORMATION FORM

I understand charges may be assessed for the fulfillment of this open records request, and the City of Krum may require prepayment prior to preparation of the request. **Complete this form and either email to**

adzioba@cityofkrum.com; fax to 940-482-3020; mail to Office of the City Secretary, P.O. Box 217, Krum, Texas 76249 or submit in person at City Hall.

Date of Request: Tele	ephone:
☐ Mr. ☐ Ms. ☐ Mrs. Name:	
Address: (Please include Box and Suite Numbers):	
City: Sta	te: Zip Code:
Email Address:	
In compliance with the Public Information Act, contained in Chapter 552 of the Texas Government Code, please provide the records described below. To avoid any delay, please be specific regarding Date(s), Time Period(s) and Document name(s). If requesting an Accident Report, two (2) of the following must be provided: Date of Accident; Name of any person involved in accident; and/or Specific location of accident. You may attach additional pages, if necessary, for your request.	
PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR RECORDS: ☐ View documents only ☐ In Person ☐ Mail ☐ E-mail ☐ Fax	
SIGNATURE:	
The City will charge fees for public information per Texas Government Code, Chapter 552, in accordance with the Administrative Code, Title I, Part 3, Chapter 70.	
Common items requested and fees assessed:	0 1 1 (00) 44.00
Accident Report = \$6.00	Compact disc (CD) = $$1.00$
$8 \frac{1}{2} \times \frac{11}{14} \text{ (b&w) page} = \0.10	Digital video disc (DVD) = \$3.00
11 x 17 (b&w) page = \$0.50	$8 \frac{1}{2} \times \frac{11}{14} \text{ map (color)} = \10.00
24 x 36 plat page (b&w) = \$3.00	11 x 17 map (color) = \$15.00