



**KERR COUNTY
Environmental Health Department**

Courthouse, 700 Main, Suite AB-106
Kerrville, TX 78028
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E-mail: envhealth@co.kerr.tx.us

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT LEGIBLY. Submit a written request (mail, fax, e-mail, or in person) according to the Environmental Health Dept.'s reasonable procedures. Include enough description and detail about the information requested to enable KCEHD to accurately identify and locate the items requested. Thank you for your cooperation.

Date of Request: _____.

Requestor: _____.

Requestor's Mailing Address: _____.

Phone: _____ Fax #: _____ E-mail Address: _____.

Information Requested: (Include enough description & detail about the information requested to enable the governmental body to accurately identify and locate the information requested.)

Format in which requested information should be supplied, i.e.: (paper, computer disc, other): _____.

The undersigned will bear all applicable costs related to providing the information received in accordance with §552.261 of the Open Records Act.

Signature/Date

Request Approved Request referred to legal for possible Attorney General ruling

KCEHD Manager's Signature/Date

FEE SCHEDULE

	<u>Number of Copies</u>	<u>Total</u>
Standard-size Copies (letter/legal)	_____ @ \$1.00/page	\$ _____
Nonstandard-size Copies (11"x17")	_____ @ \$1.00/page	\$ _____
Personnel Charges (clerical)	_____ @ \$15.00/hour	\$ _____
Computer Resource Charges	_____ @ \$15.00/hour	\$ _____
Postage/Shipping Charges	(Actual Cost)	\$ _____
Other Charges (Description): _____		\$ _____
TOTAL CHARGES:		\$ _____

Method of Payment: Cash Check

Date of Receipt: _____ Received by: _____

Notes: _____

