

## Galveston County Health District Public Information Request Form

<b>Name:</b>		<b>Telephone Number:</b>	
<b>Name of Business:</b>		<b>Email Address:</b>	
<b>Address:</b>	<i>(P.O. Box, Street, etc.)</i>	<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
<b>Record(s) Requested:</b> <i>(Be as specific as possible so your request can be handled in a timely manner.)</i>			
<b>Please specify how you would prefer to receive the records:</b> <i>(Check one box)</i>			
<input type="checkbox"/> Pick up in person.			
<input type="checkbox"/> Emailed to me at the email above.			
<input type="checkbox"/> Mailed to me at the address above.			
<input type="checkbox"/> Faxed to me at:			
<i>I understand records will be made available as provided by the Public Information Act, and there may be charges for copies of public records as prescribed by the Attorney General.</i>			
_____		_____	
Requester's Signature		Date	
<b>For Office Use Only</b>			
Are there disclosure exceptions to the information requested? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain on reverse side.			
Request Received by <i>(PIA Coordinator, Dept Liaison or their designees)</i>			Date
Release of Information Approved by <i>(Dept Manager or designee)</i>			Date
Information Released to <i>(Name and delivery method)</i>			Date
<b>Service/Item</b>	<b>Amount</b>	<b>Fee</b>	<b>Cost</b>
Standard-size paper copy		0.10/page	
Oversize paper copy		0.50/page	
Other specialty paper copy		Actual Cost	
Rewriteable CD (CD-RW)		1.00/each	
Non-rewriteable CD (CD-R)		1.00/each	
Other electronic media		Actual Cost	
Labor charges		15.00/hour	
Overhead charge		20% Labor Cost	
Miscellaneous supplies		Actual Cost	
Postage and shipping		Actual Cost	
Remote document retrieval		Actual Cost	
Other items in accordance with UBOH policy: <i>(Description)</i>			
		<b>TOTAL CHARGES</b>	
Fees waived <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Explain:			