## **CITY OF CANTON REQUEST FOR PUBLIC RECORDS**

Phone: 90	)3-567-1841				Fax: 903-567-1793
Mail:	City of Canton, City Secreta	ary, 201 N. Buf	ffalo Canto	n, TX 75103	
Office:	City of Canton Hall, 201 N.	• •			
E-Mail:	City Secretary: djohnson@	cantontx.gov			
Date:					
Name:					
Address:					
	-				
Phone:		E-Mail Ad	dress:		
		—			
I request (	copies / review) of t	he following i	nformation	under the Texas Open	Records Act, Texas
-	ent Code, Chapter 552. (Ple	_			
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1.					
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4.					
5.					
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	Lwich to be notified of	the estimate	l cost prior	to production	
	I wish to be notified of	the estimated	1 COST PLIO	to production.	
Ci atuura.					
Signature:					
The charge	e for standard copies (letter	and legal size	) shall be \$	0.10 for each page up t	o 50 pages. For 50 or
more page	es, the charge shall be \$0.10	for each page	e plus perso	onnel time. (Per Texas <i>F</i>	Administrative Code;
	ervices Commission, Chapte			·	,
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	ne City will strive to furnish a			•	` '
bι	ısiness days, dependent upo	on the workloa	id of emplo	yees and complexity of	f items requested.
• Ac	tual records must exist; rec	ords will not b	e compiled	d or created to fill this re	equest.
• Ch	narges will be waived for five	or fewer star	ndard nage	s requiring minimal res	.earch
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	iere may be a \$15.00 per ho	ur charge for	ntormatioi	n over 50 pages or requ	iring extensive
re	search.				
• Re	eview or original records wil	l be conducted	d on premis	ses in the presence of a	city representative.
Approved	hu.			Date:	
	· ·				
•	AG opinion, request date:			Response Date:	
AG Opinio	-				
•	fication of cost: Date:	Estir	mate: <u>\$</u>	Authorized:	Yes No
	able for pickup:			Notified:	
Cost: \$		Payment:	Cash	Check No	Credit