



**BOLIVAR PENINSULA SPECIAL UTILITY DISTRICT**  
 P.O. BOX 1398 • 1840 HIGHWAY 87 • CRYSTAL BEACH, TX 77650  
 PHONE (409) 684-3515 • TOLL FREE (800) 684-3127 • FAX (409) 684-2922

## PUBLIC INFORMATION REQUEST

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Please describe the information that you are requesting: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

How would you like to receive the information:

- By Mail                     
  Pick Up In Person                     
  By Fax (cannot be more than 10 pages)

***Please read the following certification and sign below:***

I understand that there is a charge for public information provided by the District. I agree to pay all charges within ten (10) days of receipt of the information. Furthermore, I understand that if the cost of the information I have requested exceeds \$50.00, the District will inform me in writing and may require payment in advance.

\_\_\_\_\_  
 Requester's Signature

\_\_\_\_\_  
 Date

-----**OFFICE USE ONLY**-----

Description of Information	Number	Cost	Total
Standard Size Paper Copies		@\$.10/page	
Nonstandard Size Copies:			
11x17 Paper		@\$.50/page	
Labels		@\$.25/page	
Blue Print (actual cost)			
Diskette		@\$1.00/each	
Audio Cassette		@\$1.00/each	
VHS Video Cassette		@\$2.50/each	
Other:			
Personnel Charges		@\$15.00/hr	
PC Processing Charge		@\$1.00/hr.	
Postage/Shipping Charge			
Other Charges:			
	<b>TOTAL CHARGES:</b>		

1<sup>ST</sup> DUE: \_\_\_\_\_ 2<sup>ND</sup> DUE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RCVD. BY: \_\_\_\_\_