BROWNSVILLE NAVIGATION DISTRICT
Application for Public Information

In accordance with the Texas Public Information Act and the Brownsville Navigation District Public Information Policy, I hereby request that the following records of the Brownsville Navigation District be made available for inspection and/or duplication.

I agree to pay the duplication costs at the normal rates established by the District.

Inspection Only ☐	Copy Only ☐	Public Information Requested – Describe the information as precisely as you can.

	Total Pages	Cost
Please Note: If the information requested is unclear or if a large amount of information is requested you may be contacted to discuss clarifying or narrowing your request. There may be charges associated with production of the requested information.		
Standard paper copy: Black/White copies - $.10/page or Color copies - $.50/page		$
Oversize paper copy: $.50 per page *(not including maps and photographs using specialty paper)*		$
Specialty paper: e.g.: Mylar, blueprint, blueline, map, photographic – actual cost		$
Rewritable or non-rewritable CD: $1.00 each		$
Digital video disc (DVD): $3.00 each		$
USB - $1.00 each		$
Other Charges:		$
Total Duplication Charges:		$
Labor costs and overhead:		$
Total cost:		$
Deposit required:		$
Balance to be paid:		$

Requestor Name

Organization/Company, if applicable

Address

Contact Phone Number   Email Address

Signature

This completed form shall be presented to the Officer for Public Information of the Brownsville Navigation District.

Please note: The Texas Public Information Act gives the public the right to access public information maintained by the Brownsville Navigation District. Public information includes any records that are collected, assembled, or maintained by or for the Brownsville Navigation District, regardless of their format. However, the Act does not require the Brownsville Navigation District to create new information, calculate data, perform legal research, or prepare answers to questions.

FOR OFFICE USE ONLY

Date Received	Printed Name of Person Receiving Request	Signature of Person Receiving Request
Date Received by Public Information Officer	**Date Completed**	**Receipt #**