

# Application for Information under the Texas Public Information Act

To County Auditor, Trinity County:

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone Number (optional) \_\_\_\_\_ E-mail Address \_\_\_\_\_

CHECK REQUESTED: (Please enter below the number of the check you are inquiring about to receive a brief description of the details of the item(s) purchased. You may elect to purchase a copy of the check and supporting detail information.

Check Number \_\_\_\_\_

Vendor Name \_\_\_\_\_

Check Date \_\_\_\_\_

Check Amount \_\_\_\_\_

DO YOU WANT A COPY OF THE CHECK AND/OR THE SUPPORTING DOCUMENTS?

If yes, please note that the cost of copies will be charged in accordance with the authorized charges set by the Texas Building and Procurement Commission generally being \$.10 per page. If it is a lengthy document, there will also be an hourly charge of \$15 per hour to pull the detail and make copies.

\_\_\_\_ No, an explanation will suffice at this time      \_\_\_\_ Yes

\_\_\_\_ Copy of Check Only      \_\_\_\_ Copy of Check and Details      \_\_\_\_ Cost noted and agreed to

\_\_\_\_ Initial if you agree to quote

Applicants Signature \_\_\_\_\_

**Do not write below this space. The boxes below will be completed by the Office of County Auditor.**

This check was used to pay expenses for: \_\_\_\_\_

Attachments    \_\_\_\_ yes    \_\_\_\_ no    Number of pages \_\_\_\_\_ Date copy(s) provided \_\_\_\_\_

Additional Cost Quoted \_\_\_\_\_ Additional Cost Paid – Receipt # \_\_\_\_\_

Additional Explanation and Information

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