

Department of Criminal Justice

Bryan Collier
Executive Director

August 16, 2017

Nathanael King
Via: 38024-27850248@requests.muckrock.com

Dear Mr. King:

Our office received your request for information dated May 25, 2017.

We have determined that complying with your request pursuant to Attorney General Letter Ruling OR2017-17710 will result in the imposition of a charge that exceeds \$40; therefore, we are providing you with this cost estimate as required by Texas Government Code section 552.2615. You will be notified if the actual cost of your request differs from the estimated cost.

Itemized List of Charges:

Description	Quantity x Price	Total
Standard Sized Copies	260,323 pages x \$0.10	\$26,032.30
Labor Charges	61,444 hours x \$15.00	\$921,660.00
Overhead Charges	20% of \$921,660.00	\$184,332.00
Total Cost		\$1,132,024.30

The estimated charge exceeds \$100.00; therefore, as allowed by Texas Government Code section 552.263(a), we require a bond in the amount of **(\$1,132,024.30)** before starting work on your request.

Payment for all public information requests must be in the form of check, cashier's check, or money order and must be made payable to the Texas Department of Criminal Justice (TDCJ).

There is a less expensive way for you to obtain this information. You may view the information in person at our office. If you choose to view the information in person, please provide three dates and times when it will be convenient for you to view the information.

Sincerely,

Jill Lewis
Open Records Coordinator

Emergency Action Center
P.O. Box 99
Huntsville, TX 77342
Phone: (936) 437-8483 Fax: (936) 435-1056
www.tdcj.texas.gov

Your request will be considered automatically withdrawn if you do not notify us in writing within 10 business days from the date of this letter that you either:

- (a) Accept the charges;
- (b) Wish to modify your request;
- (c) Wish to schedule a time to view the documents in person; OR
- (d) Sent a complaint to the Open Records Division of the Office of the Attorney General alleging that you are being overcharged for the information you requested.

Please check one of the options below, sign this document, and return it to the address provided.

Please continue processing my request. I accept these charges for copies of public information and I understand full payment is due in advance. Payment or bond is enclosed.

I wish to revise this request as follows. I understand that a new Statement of Estimated Charges or Statement of Actual Charges will be prepared based on my revised request.

I wish to view the information I requested. I understand that these records can only be viewed at your location. I understand that I will receive a Statement of Estimated Charges for Inspection of Public Information or a Statement of Actual Charges for Inspection of Public Information. Please call the phone number provided to schedule an appointment for viewing the documents on one of the three dates I have provided:

Name: _____ Phone Number: _____

Date Option 1: _____ Date Option 2: _____ Date Option 3: _____

I have sent a complaint to the Open Records Division of the Office of the Attorney General alleging that I am being overcharged for the information I requested.

I wish to cancel this request.

Signature of Requestor

Date