

Cost Estimate

L-25388

Dear Ms. Nettles:

We are in receipt of your request. We have determined that the cost to produce the information will be more than \$40. Therefore, the following statement is provided pursuant to Texas Government Code, Chapter 552, § 552.2615.

1. Itemized statement of estimated charges:

Copies, Approx. 375 pages @ \$.10/page	\$ 37.50
Personnel hours 1.5 @ \$15.00/hour	\$ 22.50
Overhead charges \$22.50 X 20%	\$ 4.50

ESTIMATED TOTAL **\$ 64.50**

2. You must respond to this letter in writing and within 10 (ten) business days from the date it was sent. If you do not respond, your request will be considered automatically withdrawn *unless* you choose one of the following:
 - a. Accept the charges and agree to pay; or
 - b. Modify your request.
 - c. File a complaint with the Office of the Attorney General alleging that you have been overcharged for being provided with a copy of the public information.
3. You may choose to respond by e-mail, fax, regular mail, or by dropping your written response in person at our offices.
4. In accordance with § 552.263, we request a deposit of **\$ 64.50**. Your check or money order must be made payable to: Texas Lottery Commission. Please mail your check to Texas Lottery Commission, Open Records, P O Box 16630, Austin, Texas, 78761-6630.
5. If you pay a deposit and the actual final amount is less than the amount paid, you will be issued a refund by separate cover. If the actual amount is more than what you paid but within 20% of that amount, payment must be made in full before you can receive the information. An updated statement will be sent to you if the final amount will exceed 20% of the first agreed estimated amount.
6. We estimate that the information will be made available to you within two weeks of receipt of your payment.

If you accept the estimated charges and agree to pay them, please sign and date the statement below and send it by fax to: Elizabeth Godfrey-Weidig, 512.344.5189 or email at openrecords@lottery.state.tx.us

I accept the estimated charges and agree to pay them.

Print Name

Signature

Date