



PUBLIC INFORMATION REQUEST

Requestor Name: _____ Date: _____
Organization (if applicable): _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail Address: _____ Phone Number: _____

Description of the Information Requested

Name(s) of person(s) involved: _____
Location of Incident: _____
Date of Incident: _____ Police Case Number (if known): _____
Note: Describe the information as precisely as you can. Include any details that may help us in locating the information. _____

- I request to view the records at City Hall
- I request digital copies be sent to the above email address
- I request paper copies be mailed to the above address. Charges may apply.
- I request to pick up copies at City Hall. Charges may apply.

In making this request, I understand the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to a release. I further understand that the City has 10 business days in which to request such a determination

Please send me only non-confidential information. I understand some records may be redacted to withhold confidential information. This includes, but is not limited to: birth date, driver's license numbers, social security numbers, license plate and VIN numbers, certain addresses and telephone numbers, witness information, and confidential account information.

The requestor is liable for all charges relating to this request as provided in the Public Information Act and Appendix A of the City's Code of Ordinances.

You can find additional Public Information Act resources on the Attorney General's website at <http://www.texasattorneygeneral.gov/open-government>.

Requester's Signature

FOR CITY USE ONLY			
Date Received: _____	Date Released: _____	Department: _____	City Attorney: _____
Fee Paid: _____	AG Opinion Requested: _____	AG Opinion Received: _____	