

CITY OF TEXAS CITY
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
City Secretary Office
1801 9th Ave North, Texas City, TX 77590
Fax 409-643-5952

PLEASE PRINT ALL INFORMATION: Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosures of records may take the time allowed by law.

Name: _____ Date of Public Information Request: _____

Address/City/State/Zip: _____

Name & Description of requested documents: _____

I wish to receive copies of the requested documents (.10 cents per page)
 Documents copied onto non-standard size paper, computer disc, and other medium will require additional charges. An estimate of charges will be provided if the amount exceeds \$40.00.

OR

I wish to view requested documents.

Please notify me for viewing only, when the documents will be available and/or how to schedule an appointment to view the documents. I reserve the right to request copies after viewing the documents.

Contact me by:

Postal Mail Phone _____ E-Mail address _____

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

Government bodies are not required to answer questions or perform legal research under the Public Information Act. We are to provide documents that are already in existence. Review or access of Public Information is available to the public during our normal business hours.

Requestor Signature

Received by

Receive Date

DO NOT WRITE BELOW THIS LINE- FOR CITY USE ONLY

ROUTED TO THE FOLLOWING DEPARTMENTS:			
ROUTED ON:	RETURN TO CSO BY:	DATE RETURNED TO CSO:	
STAFF COMMENTS:			
FEE PAID:	PAGES:	FEE DUE: \$	
CATEGORY:			RELEASED BY:
DUE DATE OF REQUEST:	EXTENSION DATE:	REVIEWED BY:	

Signature for receipt of Public Record: _____ **Date Received:** _____