

CITY OF HALLETTSVILLE

Request for Public Information

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____ FAX: _____

E-MAIL ADDRESS: _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of the City of Hallettsville, Texas

INFORMATION REQUESTED: {All copies are ten cents for each page copied; additional charges may be incurred for non-standard copies.}

In making this request, I understand that 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 of Hallettsville has ten business/working days from date of receipt of request in which to solicit such a determination.

DATE

REQUESTOR'S SIGNATURE

Requestor's Printed Name

CITY USE ONLY

Date Received: _____ **Employee receiving information:** _____

Date forwarded to Legal, if applicable: _____ **Date Released:** _____

No. of Pages: _____ **Fee Received:** _____

Employee Releasing Information: _____

Miscellaneous Comments/Instructions _____