



CITY OF HALLETTSVILLE

CITY OF HOSPITALITY

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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.)

Do you agree to the redaction of information that is subject to mandatory exceptions, provided such redactions are clearly labeled on the information you received? Yes No

Do you agree to the redaction of information that is subject to discretionary exceptions, provided such redactions are clearly labeled on the information you receive? Yes No

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 the 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: _____