



16327 Lakeview Drive, Jersey Village, TX 77040
Telephone: 713-466-2102 Fax: 713-466-2177

REQUEST FOR PUBLIC INFORMATION

In accordance with the provisions of the Public Information Act, I hereby request copies of the following:

Please Print

NAME: _____ Signature: _____ Date: _____

ADDRESS: _____ TELEPHONE #: _____

EMAIL ADDRESS: _____

NOTE: The Public Information Act is very lenient in what it considers public information; however, the "Act" does not require nor does time permit this office to do general research, so please be very specific in your request. Due to time constraints and the routine day-to-day functions of our office, we may be unable to produce the record you have requested immediately. If such is the case, you will be notified by phone, or in writing of the time you may pick up your documentation and the cost for reproducing this information. (A fee schedule, which was adopted by the City Council listing charges for various services, is available for inspection upon request).

While it is the intent of this office to furnish requested data in a straightforward manner, occasionally a requested item may not be considered a matter of public record and may contain confidential information protected under the act. In these instances, we will seek the advice of the TX Attorney General and will notify you of any delay in processing your request. In some cases, signing the below waiver, may help in expediting your request by permitting us to redact information that is confidential pursuant to the Texas Open Records Act.

Waiver:

I give permission to redact any information that is confidential Pursuant Section 552.101, 552.102, 552.108, 552.130(a), 552.117, 552.1175, 552.137 of the Texas Government Code (Open Records Act).

Signature of Applicant: _____, Date of Request: _____

If I can be of any further assistance, please contact me at 713-466-2102. **Lorri Coody, City Secretary**

Attention: _____ Department: _____ Total # of Pages: _____

Date Sent: _____ Response Due by: _____ Date of Information Rec'd by Dept.: _____

If additional time is needed to produce the requested documentation or if the documents do not exist, please advise me by: _____ (3 business days) when the documents will be ready so I may notify the person requesting the documents.

Please Check One of the Following: The documents requested **are attached** _____ **do not exist** _____
Request Preparation Times In Minutes: Departmental Time _____ Records Manager's Time: _____ Cumulative Time: _____
Signature: _____, Title: _____, Date: _____
NOTES: _____

