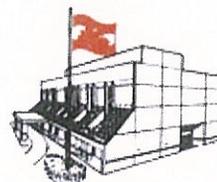




# CITY OF ALICE, TEXAS

P.O. BOX 3229 ALICE, TEXAS 78333



## PUBLIC INFORMATION REQUEST FORM

500 E. Main St.

Alice, Texas 78332

Fax: 361.668.4353 or E-mail: [cityclerk@cityofalice.org](mailto:cityclerk@cityofalice.org)

Requests for public information are to be submitted to the City Secretary's Office. All requests are processed in accordance with the Texas Public Information Act, Government Code Chapter 552. Every effort is made to expedite all requests for public information; however, due to personnel demands and schedules, requests may take the time allowed by law.

### PLEASE PRINT OR TYPE ALL INFORMATION:

Name:	Phone:
Mailing Address:	Fax or Email:
City: State:	Zip:

RECORDS REQUESTED: (Must be specific.) Attach additional sheets if necessary.

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Initial on the line to indicate your choice.	Standard Copies.....\$.10 per page
I want to view the information. _____	CD's.....\$1.00
I want to copy of the information. _____	DVD's.....\$3.00

**IMPORTANT NOTE:** The City is prohibited from releasing some types of information and is required to seek a ruling from the Texas Attorney General's Office when certain types of information are requested. To expedite your request, please check the box below if you agree to exclude information that is considered confidential by law.

By checking this box, I **AGREE** to authorize the City to exclude any and all information that may be considered confidential by law in accordance with the Texas Public Information Act, Chapter 552, of the Local Government Code.

By signing below, I acknowledge that there may be charges for copies of public records and that payment may be required prior to release. A cost estimate may be provided prior to processing the request. Your request will be considered automatically withdrawn if you do not pay the costs associated with your request within ten (10) business day days.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**For completion by City only**

Date Received \_\_\_\_\_  
Responsible Department \_\_\_\_\_

Date Records Received from Dept. \_\_\_\_\_

Received by: \_\_\_\_\_  
Necessary for Review by City Attorney Y / N \_\_\_\_\_  
Requires Ruling from Attorney General Y / N \_\_\_\_\_  
AG Opinion \_\_\_\_\_ (number)  
Date Released to Requestor \_\_\_\_\_

Date sent to City Attorney \_\_\_\_\_  
Date submitted to Attorney General \_\_\_\_\_  
AG Opinion received on \_\_\_\_\_

I have been provided access to the above-described record(s)

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Charges \$ \_\_\_\_\_