



CITY OF EAGLE PASS, TEXAS

Records Request # _____

Request for Public Information (Chapter 552, Texas Government Code)

Submit form to: **City Secretary's Office, 100 S. Monroe Street, Eagle Pass, Texas, 78852**

Tel: 830-773-1111 Fax: 830-773-0595 Email: irodriguez@eaglepasstx.us or earodriguez@eaglepasstx.us

RESPONSE TIME: Chapter 552 requires governmental bodies to respond to requests for public information as promptly as possible; however, please note that some records may be considered confidential and require consultation with legal counsel or may be voluminous/off-site, in which case it may take longer to respond to. If a response will take longer than 10 days for any reason, a notification will be sent to you within such time. Please feel free to discuss your request with our Staff in order to help us provide you with the most accurate and quickest response. **CHARGES:** Chapter 552 allows governmental bodies to charge for providing public information. Normally, copies will be provided at \$0.10 per page; however other charges and/or deposit may apply depending on the type and volume of request. **YOUR RIGHTS:** For information on your rights under the Public Information Act (PIA), please see our PIA poster located in the City Hall Lobby or access the TX Attorney General Open Government Division webpage: www.oag.state.tx.us. For questions or complaints, please contact the TX Attorney General Open Government Hotline at 1-877-673-6839 (toll free) or (512) 478-6736.

PLEASE PRINT

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| REQUESTOR INFORMATION | Name: |
| | Address: |
| | Daytime Telephone Number: |

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| DETAILED DESCRIPTION OF REQUESTED RECORDS | Please be specific with your request and include names, addresses, dates, times and places. |
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| SIGNATURE | Please select the manner in which you wish to view the requested information. |
| | <input type="checkbox"/> I wish to inspect the requested information. <input type="checkbox"/> I wish to have copies made of the requested information at the authorized rate. |
| | Requestor's Signature: _____ Date: _____ |

(FOR CITY OFFICE USE ONLY)

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| TO BE COMPLETED BY CITY SECRETARY | Date Received: _____ By: _____ Time: _____ |
| | 10 Day Deadline: _____ Date of Response: _____ Sent by: () Email () In Person |
| | Released to: _____ Date: _____ |
| | Receipt No. / Amount: _____ Processed by: _____ |
| | Department Request Sent to: () Administration () Bridge () City Secretary () Fire () Finance () Library () IT () Human Resources () PARD () Planning & Building () Police () Public Works () Tax |
| | Received by: _____ Date: _____ |
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| TO BE COMPLETED BY PERTAINING DEPARTMENT OF REQUEST | <i>PLEASE PROVIDE INFORMATION <u>WITHIN 3 BUSINESS DAYS</u> IN ORDER TO PROPERLY PROCESS REQUEST IN DUE CASE AN ATTORNEY GENERAL OPINION IS REQUIRED.</i> |
| | <input type="checkbox"/> Documents attached with no objections. |
| | <input type="checkbox"/> Documents attached with objections; brief description of objection _____ _____ |
| | <input type="checkbox"/> If records have been destroyed provide with copy of destruction record. |
| | <input type="checkbox"/> No Documents Exist. |
| | <input type="checkbox"/> If response consists of over fifty pages/or is off-site. Do not make copies please provide the following information below: _____ estimated number of copies include in response _____ _____ estimated hours spent to locate and copy documents _____ |
| | <input type="checkbox"/> Other: _____ _____ |

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| CITY ATTORNEY | Date submitted: _____ Sent Via: () Email () In Person |
| | Received by: _____ Response Date: _____ |
| | Approved to release: Partial: _____ Complete: _____ Do not Release: _____ |
| | Forward to Attorney General: _____ |

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|-----------------------|---|
| AG OPINION | Date submitted: _____ Sent Via: () Email () In Person |
| | Received by: _____ Response Date: _____ |
| | Number Assigned: _____ |
| | Approved to release: Partial: _____ Complete: _____ Do not Release: _____ |