



All requests must be in writing and mailed to:
 City Secretary's Office of Open Records
 406 S. Seguin Rd.
 Converse, Texas 78109
 Email to: openrecords@conversetx.net

PUBLIC INFORMATION REQUEST FORM

Requestor's Name: _____ **Organization** (if applicable): _____

Mailing Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Email:** _____

Detailed Description of Information Sought (Specify Date): _____

- Please Check One:**
- I request a digital copy of the information to be sent to the above email address *(if available)*
 - I request paper copies of the information requested
 - I request only to view/inspect the information available *(no hard copies needed)*

Costs Associated: The Office of the Attorney General established costs for providing records of public information for digital or paper copies, including but not limited to costs for copies, supplies, postage, labor, computer and retrieval charges, and overhead costs for associated labor. Invoices for associated costs for the public information request must be paid prior to the release of records.

Notice to Requestor: Some information you are requesting may be considered confidential or otherwise exempt from the public disclosure requirements of the Texas Public Information Act. If you agree to accept a redacted copy of the requested information, we will provide you with a redacted copy within ten (10) business days from the date of request. If you wish to have a record with no redactions, the information will be sent to the Texas Attorney General's Office for review and decision as to what portions of the record must be released. Reports submitted to the Texas Attorney General's Office can take forty-five (45) days from request date. Concerns regarding redacted information can be found in Sections 552.024, 552.1175, 552.130, 552.136, 552.137 and 552.138 of the Texas Government Code.

- I **accept** the redacted copies, waiving the right to have the documents sent to the Texas Attorney General's Office for review.
- I **do not accept** redacted copies, and wish to have the documents sent to the Texas Attorney General's Office for review and decision.

Requestor's Signature: _____ **Date:** _____

If you receive a redacted copy of records provided, and wish to appeal the withholding of the information you may submit your appeal to: **Open Records Division, PO Box 12548, Austin, Texas 78711-2548** and provide the following the information: 1) Copy of original request, 2) Date of original request, 3) Name of Agency withholding information, and 4) Reason you should receive the redacted information and/or documents.

FOR OPEN RECORDS DEPARTMENT PURPOSES ONLY

Date Received: _____ **Routed To:** _____ **Returned On:** _____

	Date		Date
<input type="radio"/> No Record(s) in existence		<input type="radio"/> Provided Cost Estimate/Invoice \$ _____	
<input type="radio"/> Provided requested Information via Email		<input type="radio"/> Received Cost Estimate Approval	
<input type="radio"/> Provided Hard Copies of requested Information		<input type="radio"/> Sent to City Attorney for Review	
<input type="radio"/> Information Viewed/Inspected by Requestor		<input type="radio"/> City Attorney Completed Review	
<input type="radio"/> Requested Clarification		<input type="radio"/> AG Opinion Requested	
<input type="radio"/> Received Clarification		<input type="radio"/> AG Opinion Received # _____	

Notes:

Number of Pages: _____ **Labor Hours:** _____ **Invoice Paid:** _____ **Date Closed:** _____