

CITY SECRETARY PUBLIC INFORMATION ACT REQUEST

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Fax: (210) 659-0964

| NAME: | | BL | JSINESS AGENCY: | | | DATE: | |
|-----------------------|-----------------|--|--------------------------|------------------|-------------|---------------------------------|--|
| MAILING ADD | RESS:_ | | CITY: | STA | TE: | ZIP: | |
| PHONE: (|) | | FAX: | EM/ | AIL: | | |
| PLEASE NOTE | THAT A | BROAD REQUES | T WILL INCUR HIGH | ER CHARGES REQ | UIRED BY L | AW. IT IS TO YOUR | |
| ADVANTAGE T | TO CLEA | RLY STATE THE [| OOCUMENTS YOU A | RE SEEKING AS SP | ECIFIC AS F | OSSIBLE. | |
| YOU MAY ALS | O FOR | O CERTAIN COP | YING COSTS BY OP | TING TO USE EM | AIL INSTEA | D. | |
| 1. | PLE | ASE SPECIFY A DA | ATE RANGE TO SEAF | RCH FOR DOCUMI | ENTS | | |
| 2. | PLE | PLEASE INCLUDE THE PHYSICAL ADDRESS IF REQUESTING RECORDS ON A PROPERTY. | | | | | |
| 3. | IF Y | OU ARE REQUES | TING EMAILS: | | | | |
| | | a. SPECIFY | DATE RANGE. | | | | |
| | | b. SPECIFY | EMPLOYEE NAME/E | EMAIL ADDRESS C | R THE DEP | ARTMENT TO SEARCH. | |
| | | | UESTOR MUST INCL | | WORD(S) | OR PHRASE SO | |
| | | EMAIL R | ECORDS CAN BE SEA | ARCHED. | | | |
| DESCRIPTION | OF INFO | DRMATION REQ | UESTED (PLEASE DE | SCRIBE IN DETAIL | IF YOUR F | REQUEST IS UNCLEAR, THE | |
| | | OU TO CLARIFY) | | | | | |
| | | | | | | | |
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| | | | | | | | |
| I AGREE TO TH | IE REDA | CTION OF INFOR | RMATION THAT MAY | Y BE CONFIDENTIA | ۱L BY LAW: | :(PLEASE CHECK) | |
| PLEASE CHECK | ONE: | I WISH TO INSI | PECT:I WISH | COPIES TO BE MA | ADE: | _ (.10 CENTS PER PAGE FACE) | |
| LABOR CHARG | SES WILI | BE IMPOSED FO | OR REQUESTS OF 51 | OR MORE PAGES | AT THE RA | ATE OF \$15.00 PER HOUR, | |
| PLUS OVERHE | AD (25 % | 6 of Labor) . An | I ITEMIZED STATEM | ENT OF ESTIMATE | D CHARGE | S WILL BE PROVIDED FOR | |
| ESTIMATED CHOOR MORE. | HARGES | EXCEEDING \$40 | 0.00. A BOND/DEPOS | SIT MAY BE REQU | IRED IF EST | TIMATED CHARGES ARE \$100 | |
| | | | | | | | |
| | SIGNAT | URE OF REQUES | TOR | | DATE | | |