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REQUEST FOR PUBLIC INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

In accordance with the provisions of the Public Information Act, I hereby request copies for the following (please be specific):

SIGNATURE: _____

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. 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. In these instances, we will seek the advice of the Texas Attorney General and will notify you of any delay in processing your request.

WAIVER:

I give permission to redact (remove) any information that is confidential pursuant to the Attorney General’s Public Information Act, Sections: 552.101 – Judicial Decisions, 552.102 – Employee’s Personal Privacy, 552.117 – Employee Addresses, Telephone Numbers, Social Security Numbers, Personal Family Information, 552.117 – Personal Informaion of Security Officers, 552.130 (a) – Driver’s License, Permit, Title, Registration, Personal ID, 552.137 – E-mail Addresses When Communicating Electronically With Governmental Body.

SIGNATURE: _____