PUBLIC INFORMATION REQUEST

PLEASE COMPLETE THE FOLLOWING INFORMATION TO REQUEST A RECORD OR DOCUMENT FROM THE CITY OF MANOR (TYPE OR PRINT NEATLY):

PERSON REQUESTING INFORMATION: ___________________________ DATE: ________________

ADDRESS: _____________________________________________________________

PHONE NUMBER: _________________________________________________________

DESCRIPTION OF INFORMATION REQUESTED (PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ACCURATELY DESCRIBE THE INFORMATION AND/OR DOCUMENT(S) YOU ARE REQUESTING):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed above and that payment must be made before I obtain my items requested.

__________________________________________ REQUESTING TO: □ RECEIVE COPIES □ INSPECT DOCUMENTS
REQUESTOR SIGNATURE

OFFICIAL CITY OF MANOR USE ONLY

RECEIVED BY: MAIL FAX EMAIL IN PERSON DATE RECEIVED: ___________ TIME RECEIVED: _____ AM/PM

DEPARTMENT: ___________________________________ HANDLED BY: ___________________________

ACTION TAKEN:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

□ PENDING APPROVAL FROM ATTORNEY ON – DATE SENT TO ATTORNEY _______________
□ PENDING AN OPINION FROM THE TEXAS ATTORNEY GENERAL’S OFFICE – DATE SENT TO AG _______________
□ REQUEST APPROVED ON ____________________________
□ DOCUMENTS INSPECTED
□ DOCUMENTS DELIVERED BY FAX/EMAIL/US MAIL/PERSON ON ______________ # OF PAGES ________

FEE SCHEDULE = TOTAL COST $____________________

PAYMENT BY: CASH CHECK/MO # _______ DATE OF PAYMENT: _______________ RECEIPT # __________________

PROCESSED BY: ___________________________