

REQUEST FOR INFORMATION

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO:
IRMA G. PARKER, CITY SECRETARY,
710 W. Avenue A, Port Aransas, TX 78373-4128
Phone: 361-749-4111 // Fax: 361-749-4101 // email: iparker@cityofportaransas.org

(PLEASE TYPE OR PRINT)

Requestor's Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone and/or Fax: _____

In signing this form, I declare that the information included in this request, including my identity, is true and accurate.

Signature: _____ Date: _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of the City of Port Aransas, Texas:

List information as specifically as possible; including name, dates and case numbers, if known. Attach a separate sheet to this form if necessary.

- (Check one)
- a. _____ I request copies (charged per OAG guidelines)
- b. _____ I request only to view at City Hall
- c. _____ Other (please explain in detail)

In making this request I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to a release. I further understand that the City has ten (10) business days in which to request such a determination.

CITY USE ONLY

Date received: _____ Employee receiving information: _____

Date forwarded to Legal, if applicable: _____ Date released: _____

Employee releasing information: _____

Miscellaneous comments/instructions from Legal and/or City Secretary: _____

