

City of Combine, Texas

Open Records Request

Date of request: _____

Requester's Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

Date

Cost of Copies: Charges for standard paper copies are \$.10 per page

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 Combine, Texas:

List Information as Specifically as Possible, Including Names, Dates, and Case Numbers, If Known.*

Viewing Options (please choose one)

- I request copies (charged per OAG guidelines)
- I request only to view at City Hall
- 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 to which to request such a determination.

I have Read and Understand the Information Above*

- By checking this box, you acknowledge that you have read and understand the Information above.

For Office Use Only

of copies: _____ Total Cost: \$ _____

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