



# CITY OF TEMPLE PUBLIC RECORDS REQUEST

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE CITY SECRETARY'S OFFICE BY E-MAIL TO [centz@ci.temple.tx.us](mailto:centz@ci.temple.tx.us); OR FAX TO 254-298-5637; OR BY MAIL TO P. O. BOX 207, TEMPLE, TX 76503.

NAME OF REQUESTER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE AND/OR FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF REQUESTER: \_\_\_\_\_ 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 Temple, Texas:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (Check one) A. \_\_\_\_\_ I request copies (charged per TBPC guidelines)  
B. \_\_\_\_\_ I request only to view records at City Hall  
C. \_\_\_\_\_ Other (please explain)

In making this request, I understand 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 release. I further understand the information will be promptly released or the requestor will be notified in writing within 10 days after the request is submitted.

**City Use Only:**

Date received: \_\_\_\_\_ Employee receiving information: \_\_\_\_\_

Date/Dept. forwarded to, if applicable: \_\_\_\_\_

Date released: \_\_\_\_\_ Amount charged: \_\_\_\_\_

Miscellaneous comments/instructions: \_\_\_\_\_

\_\_\_\_\_