

CITY OF ANDREWS
PUBLIC INFORMATION REQUEST FORM

Date: _____

Requestor Identification – Please type or print neatly

Name: _____

Phone No.: (____) - ____ - _____ Email: _____

Address: _____
Street or P. O. Box City State Zip

Description of Information Requested – Please be as specific as possible

I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the information requested as per the Texas Attorney General's Fee Schedule. If payment is required, it must be received before I obtain the information requested.

Initial on the line to indicate your choice.

I want to view the information. _____

Requestor Signature

I want a copy of the information. _____

FOR CITY OF ANDREWS USE ONLY

Received by: Mail Fax Email In Person Date Received:

Department: _____ Handled by: _____ Total Time: _____

- This information is unavailable at this time.
It will be available for review on _____ (date) at _____ (time)
- This information is not created or maintained by this government body.
- This information is maintained by this department but may be protected information under the Texas Public Information Act. Your request will be promptly reviewed and you will be informed of its status.
- This information can be copied for you.

Payment by: Check, Check No.: _____, Cash, Credit Card Date of Payment: _____

Receipt No. _____