



PUBLIC RECORDS REQUEST

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO:
DEE REDFORD- RECORDS RETENTION
DREDFORD@INGLESIDETX.GOV

•2671 San Angelo St. • PO Drawer 400 • Ingleside, TX. 78362 •Phone (361) 776-2517 • Fax (361) 776-5011 •

(PLEASE TYPE OR PRINT)

Requestor's Name: _____ Email: _____

Mailing Address: _____ City, State, and Zip: _____

Telephone and/or Fax: _____

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 Ingleside, 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 (Standard size paper \$.10/pg.)
- b. I request copies (Non-standard size r \$.15/pg.)
- c. I request copies (Oversized paper \$.50/pg.)
- d. I request only to view at City Hall
- e. I request copies CD (\$1.00 ea.)
- f. DVD (\$ 3.00 ea.)
- g. 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.

Signature: _____ Date: _____

CITY USE ONLY	
Employee receiving information: _____	Date received: _____
Date forwarded to Legal, if applicable: _____	Date released: _____
Employee releasing information: _____	Method released: _____
Miscellaneous comments/instructions from Legal and/or City Secretary: _____	