



PUBLIC INFORMATION REQUEST FORM

All requests must be in writing and directed to:
 City Secretary, 1 Community Drive, Horseshoe Bay, TX 78657
 Email: kcraig@horseshoe-bay-tx.gov

Requestor's Name: _____

Organization (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ **Email:** _____

Detailed Description of Information Sought: _____

- Please Check One: I request a digital copy of the information to be sent to the above email address *(if available)*
 I request paper copies (please indicate the following): # of copies (\$0.10/each side page): _____
 I request only to view the information at City Hall *(no hard copies needed)*

City Staff Use Only

Date Received: _____ **Received by (City Employee Name):** _____

Deadline*: _____	<u>Date Fulfilled</u>	<u>Fulfilled By (employee name)</u>
<input type="checkbox"/> Provided the requested information via email:	_____	_____
<input type="checkbox"/> Provided the requested information for viewing at City Hall:	_____	_____
<input type="checkbox"/> Provided hard copies of the requested information:	_____	_____

of pages (\$0.10/page): _____ Total Fee: \$ _____ Paid: \$ _____ Labor Hours: _____

(Two-sided documents count as two pages. Hard copies over 8.5" x 14", maps, plats, and other special size/type requests are subject to additional fees in accordance with the Texas Public Information Act.)

DATE

<input type="checkbox"/> Sent to Attorney	
<input type="checkbox"/> Requested Clarification	
<input type="checkbox"/> Received Clarification	
<input type="checkbox"/> Provided Cost Estimate	
<input type="checkbox"/> Received Cost Estimate Approval	
<input type="checkbox"/> AG Opinion Requested	
<input type="checkbox"/> AG Opinion # _____ Received	

NOTES: _____

* - Day after the request is received plus 10 days, not including holidays or weekends.