



CITY OF DECATUR – REQUEST FOR INFORMATION

I, the undersigned, hereby request the custodian of the following described public records of the City of Decatur, Texas, to promptly produce said records in accordance with the Texas Public Information Act. I understand there may be charges assessed for duplication and I understand that prepayment prior to preparation of the requested copies may be required. If the City determines that compiling or photocopying the requested documents/records will exceed \$40.00 in charges, a written estimate of charges will automatically be generated and provided to the requestor. I understand that I must respond to the estimate of charges within ten (10) days, in writing, and inform the City whether I will accept the charges or my request for information will be deemed withdrawn.

CHECK ONE:

- CITY/ADMINISTRATIVE RECORDS REQUESTED POLICE DEPARTMENT RECORDS REQUESTED

PLEASE PRINT ALL INFORMATION:

Name of Requestor: Date of request:
Address: City: State: Zip code:
Daytime phone: Email address:

PLEASE LIST ALL DOCUMENTS THAT YOU ARE REQUESTING. Be specific regarding the description of information requested and if applicable include names, dates, and time period. For Police Department requests, list all known information such as case number, name of person(s) involved, location, time of incident, description of vehicle(s) involved and type of offense or incident.

Table with 10 empty rows for listing requested documents.

CHECK ONE REGARDING RETURN FORMAT OF RECORDS :

- E-mail documents (IF POSSIBLE) Pick up Police Department Records Pick up City Records at City Hall I request only to view documents at City Hall Other

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/ongoing request for information. I further understand that copies of the information will be released only in accordance with the Texas Public Information Act (Texas Government Code, Chapter 552), and the City reserves its right to seek an opinion from the Texas Attorney General with regard to the release of said information, If an Attorney General’s opinion is sought by the City, you will be notified.

Signature of Requestor: _____

SUBMIT REQUESTS TO: Diane Cockrell, City Secretary dcockrell@decaturtx.org Fax: 940-393-0201

P.O. Box 1299, Decatur, Texas 76234 Record request questions: 940-393-0204

FOR OFFICIAL USE:

Date Received: Received By: Responsible Department(s):

Response Records Received from Department: Date Disclosed to Requestor: Fees:

Necessary for Review by City Attorney: Yes No Date Sent to City Attorney:

Requires Ruling from Attorney General: Yes No Date Sent to Attorney General:

Comments: _____