

CITY OF THORNDALE

REQUEST FOR INFORMATION UNDER THE TEXAS PUBLIC INFORMATION ACT

ALL REQUEST MUST BE IN WRITING AND DIRECTED TO THE CITY SECRETARY
105 North Main Street, Thorndale, Texas 76577 | Phone: (512) 898-2523 | Fax: (512) 898-5459
Email: secretary@cityofthorndaletx.org

DATE: _____

REQUESTOR'S NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT INFO: (Daytime Phone#) _____ (Email) _____

Please select the manner in which you wish to review the requested information: (Check one)

- ☐ I wish to physically inspect the requested information at the City offices.
☐ I wish to have copies made of the requested information at the authorized rates.
☐ I wish to have copies sent electronically via provided email address at authorized rates

Consent to Redaction of Certain Personal Information:

☐ I consent to have social security numbers, driver's license numbers, home addresses, personal phone numbers, email addresses, and date(s) of birth redacted from the requested information. (Certain exceptions to disclosure exist under the Texas Public Information Act to protect against the disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an opinion will be sought from the Attorney General's Office regarding your request. Withholding consent may delay processing of this request by at least 45 business days while the City seeks an Attorney General's Opinion on the release of information.)

DESCRIPTION OF DOCUMENTS REQUESTED (PLEASE BE SPECIFIC):

Please provide as much information as possible to accurately describe the information and/or document(s) you are requesting, please use back of form for additional space.

REQUESTOR'S SIGNATURE

FOR OFFICE USE ONLY

DISPOSITION OF REQUEST FOR PUBLIC RECORDS

DATE RECEIVED: _____ METHOD OF RECEIPT: _____

ROUTED TO: _____ RETURN TO CITY SECRETARY NO LATER THAN: _____

DATE OF FINAL ACTION ON THIS REQUEST: _____ ACTION TAKEN: _____