



All requests must be in writing and sent via mail or email to:

City Secretary's Office of Open Records
406 S. Seguin Rd.
Converse, Texas 78109
Email to: openrecords@conversetx.net

PUBLIC INFORMATION REQUEST FORM

Requestor's Name: _____ Organization (if applicable): _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Detailed Description of Information Sought (Specify Date): _____

- Please Check One:**
- I request a digital copy of the information to be sent to the above email address *(if available, costs associated)*
 - I request paper copies of the information requested *(costs associated)*
 - I request only to view/inspect the information available *(no hard copies needed)*

Costs Associated: The Office of the Attorney General established costs for providing records of public information, including but not limited to costs for copies, supplies, postage, labor, computer and retrieval charges, and overhead costs for associated labor. For example, labor charges will be imposed for requests of 51 or more pages at the rate of \$15.00 per hour. Also, the City of Converse will provide an itemized statement of estimated charges in the event estimated charges exceed \$40.00. For itemized statements over \$100.00, the City of Converse will require a prepayment/bond/deposit.

Notice to Requestor: Some information you are requesting may fall under an exception from disclosure under the Texas Public Information Act. All information that is not excepted from disclosure will be provided to you pursuant to the Texas Public Information Act.

Requestor's Signature: _____ **Date:** _____

FOR OPEN RECORDS DEPARTMENT PURPOSES ONLY

Date Received: _____ **Routed To:** _____ **Returned On:** _____

	Date		Date
<input type="radio"/> No Record(s) in existence		<input type="radio"/> Provided Cost Estimate/Invoice \$ _____	
<input type="radio"/> Provided requested Information via Email		<input type="radio"/> Received Cost Estimate Approval	
<input type="radio"/> Provided Hard Copies of requested Information		<input type="radio"/> Sent to City Attorney for Review	
<input type="radio"/> Information Viewed/Inspected by Requestor		<input type="radio"/> City Attorney Completed Review	
<input type="radio"/> Requested Clarification		<input type="radio"/> AG Opinion Requested	
<input type="radio"/> Received Clarification		<input type="radio"/> AG Opinion Received # _____	

Notes:

Number of Pages: _____ **Labor Hours:** _____ **Invoice Paid:** _____ **Date Closed:** _____