



Date of Request _____

Office of the City Secretary

Public Information Request

Name _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Mailing Address: _____ Street No. _____ Apt. No. _____ P.O. Box No. _____
(If different from above)

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____ E-mail _____

Please list the records that you are requesting. List specific dates if possible. If this is not possible, please list beginning and ending dates.

800 Third Street, Marble Falls, TX 78654
E-mail: claine@ci.marble-falls.tx.us
For City Use Only

Phone: (830) 798-7060
Fax: (830) 693-6737

Requester's Name _____

Date request received _____

Deadlines for Action:

If the public information is open, reply to the citizen by _____

If there is a question as to whether the public information is open, query the Attorney General by _____

Date the request was sent to depts. _____

NOTE: SEND THE ORIGINAL TO THE CITY SECRETARY. FILE THE COPY.

Deadline for depts. to reply to the City Secretary _____

Date(s) the departments sent records to the City Secretary. (List each department's name and date.)

Date _____ called the citizen to ask questions or explain extenuating
(staff member's name)
circumstances.

Date the information was sent to the citizen _____

OR

Date the information was picked up by the citizen or her/his agent _____

Citizen/Agent Name _____

Information was picked up by me on the above date.

Signature

If there was a question as to whether the information was open:

Date the letter was sent to the Atty. General _____

DEADLINE FOR THE ATTY. GENERAL'S RESPONSE _____

Date of receipt of the Atty. General's reply _____

Date the Citizen was notified of the Atty. General's opinion _____

DATE OF FINAL ACTION ON THE REQUEST _____

PUBLIC INFORMATION FEE: \$ _____ PAID: CK#: _____ DATE: _____