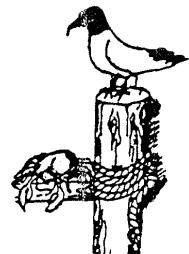


Date received: _____
 Received by: _____
 Method delivered to Requestor:

 (In person, mailed, faxed, emailed)



CITY OF SEADRIFT
 Post Office Box 159/501 S. Main St.
 Seadrift, Texas 77983
 Tel: (361) 785-2251
 Fax: (361) 785-2208



REQUEST FOR PUBLIC INFORMATION

COPYING CHARGE IS 10¢ PER PAGE

Date of Request: _____ Requested by: _____
Printed Name

Requestor's Mailing Address: _____
Street, P.O. Box

City/State/ZIP

Requestor's Phone Number: (____) ____ - ____ Email: _____

Please provide DETAILED description of the information that is being sought:
 (IF copies are requested, plainly state. If a review of documents is requested, plainly state)

Estimated charges – ONLY if over \$40 – for providing requested copies: _____
 (Requestor can only refuse to pay estimated charges over \$40)

Requestor Accepts estimated charges over \$40: Yes No
 (IF NO, requestor must amend request OR send a complaint of overcharges – over \$40 – to the Office of Attorney General. If estimated charges exceed \$50 a bond, prepayment or deposit may be required.)

Delivery Method Requested: In Person Mailed Faxed Emailed

Appointment Date & Time: _____ for document review OR to pick up
 copies if request cannot be fulfilled immediately. (Failure to keep appointments for document review may result may result in losing the opportunity to review until another appointment may be set.)

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

Request Fulfilled By: _____ **Date:** _____
Signature of Provider

Title: _____ Department: _____

→ Requestor may review information promptly: HOWEVER, IF knowledgeable personnel (those having knowledge of information requested) are not available or cannot break away from current work. Information may be made available within 10 days for review of documents or to pick up requested copies.

Notes/Comments: _____

Mailing:
 City of Seadrift
 Attn: City Secretary
 P.O. Box 159
 Seadrift, TX 77983

Email: seadrift@tisd.net

Phone: (361) 785-2251 opt. 1

Fax: (361) 785-2208