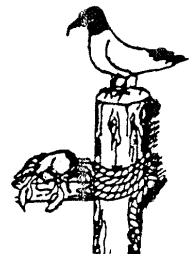


Date received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Method delivered to Requestor:  
 \_\_\_\_\_  
 (In person, mailed, faxed, emailed)



**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: \_\_\_\_\_  
 \_\_\_\_\_