



## PUBLIC RECORDS REQUEST

**ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO:  
ISABEL A. SALAS – ASSISTANT CITY SECRETARY**

email to: isalas@inglesidetx.gov

● 2671 San Angelo St. ● P.O. Drawer 400 ● Ingleside, T 78362 ● P (361)776-2517 ● F (361)776-5011

(PLEASE TYPE OR PRINT)

Requestor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Telephone and/or Fax: \_\_\_\_\_

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of the City of Ingleside, Texas:

List information as specifically as possible; including name, dates and case numbers, if known. Attach a separate sheet to this form if necessary. \_\_\_\_\_

\_\_\_\_\_

**(Check one)**

- a.  I request copies (Standard size paper \$ .10/pg.)
- b.  I request copies (Non-standard size \$ .15/pg.)
- c.  I request copies (Oversized paper \$ .05/pg.)
- d.  I request only to view at City Hall
- e.  I request copies CD (\$1.00 ea.)
- f.  DVD (\$3.00 ea.)
- g.  Other (please explain in detail)

In making this request, I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to a release. I further understand that the City has ten (10) business days in which to request such a determination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY USE ONLY**

Employee receiving information: \_\_\_\_\_ Date received: \_\_\_\_\_

Date forwarded to Legal, if applicable: \_\_\_\_\_ Date released: \_\_\_\_\_

Employee releasing information: \_\_\_\_\_ Method released: \_\_\_\_\_

Miscellaneous comments/instructions from Legal and/or City Secretary: \_\_\_\_\_