



# REQUEST FOR PUBLIC INFORMATION

ALLOW 5 WORKING DAYS FOR PROCESSING

A processing fee may apply in addition to a \$.25 charger per page over 10 pages depending on type of information requested. Other fees may be applicable depending upon the record requested.



## SECTION I - TO BE COMPLETED BY REQUESTOR

NAME OF REQUESTOR:	WORK PHONE:
ADDRESS:	HOME PHONE:
CITY, STATE, ZIP:	CELL PHONE:
RECORDS REQUESTED:	
I understand and agree that The City of Goliad may impose a reasonable charge, as authorized by state law, for requested documents.	
SIGNATURE OF REQUESTOR: _____	DATE OF REQUEST _____

## SECTION II - CITY SECRETARY'S OFFICE

DATE REQUEST RECEIVED:	DEPARTMENT REFERRED TO:
RECORDS OFFICE SIGNATURE:	

## SECTION III - (If Applicable) REFERENCED DEPARTMENT

REQUESTED INFORMATION <input type="checkbox"/> IS/ <input type="checkbox"/> IS NOT ATTACHED. IF NOT ATTACHED, EXPLAIN WHY:	
SIGNATURE OF DEPARTMENT RECORDS OFFICER: _____	DATE: _____

## SECTION IV - (If Applicable) CITY ATTORNEY'S OFFICE

DATE RECEIVED BY CITY ATTORNEY:	
REQUESTED INFORMATION <input type="checkbox"/> IS/ <input type="checkbox"/> IS NOT ATTACHED. IF NOT ATTACHED, EXPLAIN WHY:	
SIGNATURE OF ATTORNEY: _____	DATE: _____

## SECTION VI - CITY SECRETARY'S OFFICE

DATE RECEIVED:	AMOUNT COLLECTED \$
DATE REQUESTOR CONTACTED:	DATE DOCUMENT(S) DELIVERED TO REQUESTOR:
AMOUNT OF PROCESSING FEE: \$	SIGNATURE OF RECORDS OFFICER: _____