



Date of Request \_\_\_\_\_

Office of the City Secretary

**Public Information Request**

\*\*\*\*\*

Name

Street Address

Apt. No.

City

State

Zip Code

Mailing Address:  
(If different from above)

Street No.

Apt. No.

P.O. Box No.

City

State

Zip Code

Telephone No.

Fax No.

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](mailto:claine@ci.marble-falls.tx.us)

Phone: (830) 693-3615  
Fax: (830) 693-6737

**For City Use Only**

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 are 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 departments' 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: \_\_\_\_\_