

CITY OF PINEY POINT VILLAGE REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please print all information.

NAME: _____

PHONE: _____

ADDRESS: _____

PRINT, NAME, DESCRIPTION OF REQUESTED RECORD(S):

Signature of Applicant

Please **circle** Option **1** or **2**. You may also circle choose Option 3. We will e-mail documents if possible. Most documents **are not** yet available electronically.

1. I would like to view this information at City Hall only. I do not need copies of these documents. I understand there is no charge for viewing documents unless the documents are retrieved from off-site.

2. Please prepare copies of the documents requested. I agree to pay all applicable Charges.

PER GOVERNMENT CODE, CHAPTER 552, The City must respond not later than the 10th business day after receiving the written request.

DATE RECEIVED _____ **DATE DUE** _____

Office Use Only

NECESSARY FOR REVIEW BY CITY ATTORNEY: _____ YES _____ NO

COMMENTS AND RULING BY CITY ATTORNEY: _____

DATE DISCLOSED; _____ **FEE:** _____

RELEASED BY: _____

INFORMATION DENIED:

Under the Open Records Act and Public Information Act, there are a number of exceptions to the requirement that the public be granted access to any information maintained by a governmental body. Contact our office for more information.