



City of Hemphill

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cityhall@cityofhemphill.com

TEXAS PUBLIC INFORMATION ACT REQUEST

Date of Request: _____ Requestor's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

This is a request under the **Texas Public Information Act**, Chapter 552 of the Government Code. I hereby request the following information currently existing in the records of City of Hemphill, Texas: (Provide detailed information about what type(s) of information and/or documents you want to receive. Please be specific, or clarification will be required, which will cause a delay in the processing of your request.)

I wish to receive copies of the requested information. I understand that I must pay .10 cents per page after the first 20 pages for standard size copies and that a charge for labor may be included for larger requests. There may be charges associated with production of the requested information. You may find more information regarding the charges under the Texas Administrative Code Chapter 70. All charges must be paid at the time of delivery. An estimate of the charges will be provided to me in advance.

I do not want copies, but wish to inspect the originals of the requested information. Please notify me with information on when they will be available for inspection and/or how to schedule an appointment with the appropriate officer. I reserve the right to request copies after inspecting the originals and understand that charges may occur if copies are requested.

Please notify me when the information is ready for inspection by: Email Phone

I would like this information in the following format: Paper Digital In office Inspection
When the information is ready, you can notify me by: Email Phone

In making this request, I understand that City of Hemphill is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand and agree that the information requested may be confidential or otherwise exempt from public disclosure in accordance with requirements of the Texas Public Information Act or by other governing laws and will be redacted. I understand that a request for "no redactions" will be sent to the Office of Texas Attorney General for evaluation and ruling as to what portions of the requested information may be withheld and what must be released; such submissions can take forty-five (45) or more

days from the date of submission. I also understand that City of Hemphill has ten (10) business days in which to request such a determination and/or to comply with this request. Choose only one of the below and sign the request.

I agree to accept the documents with confidential or non-public information redacted; i.e., for social security number, driver license number, vehicle plate and VIN number, and date of birth; examples are not all inclusive.

I wish to have all documents sent to the Office of Texas Attorney General for review.

Requestor Signature: _____ Date: _____

City of Hemphill Use Only

RECEIVED BY: MAIL FAX IN PERSON E-MAIL BY: _____ DATE: _____ TIME RECEIVED: _____

DISPOSITION:

_____ DATA REVIEW TO DECIDE IF ESTIMATE NECESSARY

_____ ESTIMATE PROVIDED DATE: _____

_____ ESTIMATE RESPONSE DUE DATE: _____

_____ REQUESTOR NOTIFIED OF RECORDS AVAILABLE DATE: _____

_____ PROVIDED COPIES BY: _____ DATE: _____ TIME PROVIDED: _____ RECEIPT #: _____

TOTAL NUMBER OF PAGES _____ - 20 (FIRST 20 ARE FREE) _____ X COST OF COPIES \$0.10/EACH = _____

+ LABOR COST (\$15/HOUR OVER 50 PAGES) _____ = TOTAL COST: \$ _____

_____ SENT TO CITY ATTORNEY DATE: _____
_____ AG OPINION REQUESTED DATE: _____
_____ AG OPINION RECEIVED DATE: _____

Approval must be given by the City Manager and City Secretary before any City Employee may release the information requested.

City Secretary Date: _____

City Manager Date: _____