CITY OF GAINESVILLE, TEXAS
PUBLIC INFORMATION REQUEST

City Secretary's office
200 S Rusk
Gainesville, TX 76240
Fax: (940) 668-4518   Email: cchuddleston@cogtx.org

I, the undersigned, hereby request the custodian of the following described public records of the City of Gainesville, Texas, to promptly produce said records in accordance with Texas Open Records Acts, Texas Government Code, Chapter 552 for inspection and/or duplication. I understand there may be charges assessed for duplication or access to such records and the City of Gainesville may require prepayment prior to preparation of the requested copies of such record per Texas Administrative Code; Office of the Attorney General, Chapter 70, Rule §70.03.

PLEASE PRINT ALL INFORMATION:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL ADDRESS:	

INFORMATION REQUESTED: Attach additional page, if necessary.
Be specific regarding dates, time periods, name(s), addresses, etc. Be sure to request documents; do NOT ask questions.

I REQUEST TO OBTAIN THE INFORMATION BY THE FOLLOWING METHOD: Check one.
Charges may apply.

- ☐ Pick up documents at City Hall.
- ☐ Email the documents to email address provided.
- ☐ I request only to view the documents at City Hall.
- ☐ Mail the documents to address provided.
- ☐ Put documents on CD.
- ☐ Other (Please explain in detail.)

Other: _____

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/ongoing request for information. I further understand that information copies will be $0.10 for each page up to 50 pages. For 50 or more pages, the charge shall be $0.10 for each page plus personnel time. Information requiring extensive research will be charged $15.00 per hour. The City will strive to furnish all information that is approved within ten (10) working days depending upon the workload of employees and complexity of items requested. The ten working day time period begins the business day following receipt of the request.

Signature of Requestor: _____ Date: _____

Received By: _____ **Date:** _____

City Departments Included in Response: _____

Department Deadline to Administration: _____ **Response Deadline:** _____

Date Available for Review or Pickup: _____ **Notified:** _____ **OAG Request:** _____

Information Provided Via: _____ **on** _____ **Cost: $_____**