



PUBLIC INFORMATION REQUEST FORM

Date Submitted: _____ TIME: _____

REQUESTORS CONTACT INFORMATION

PRINT NAME: _____

REPRESENTING COMPANY (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE NO.: _____ MOBILE PHONE: _____

FAX NO.: _____ E-MAIL: _____

Description of the Information Requested (Note: Describe the information as precisely as possible.)

Date Range (Optional): From: _____ To: _____

Signature of Requestor: _____

INFORMATION PREFERENCES:

How would you like the information to be provided? ☐ Electronic Copy ☐ Paper Copy ☐ Inspect Only

All requests must be directed by email at openrecords@bruceville-eddy.us, fax at 254-859-5779, or by mail or in person with the City Secretary's office at 144 Wilcox Drive, Eddy, TX 76524.

Per the Public Information Act, a response will be made within ten (10) business days of the date of request unless records are not easily accessible. The City will notify the requestor when the records will be made available.

FOR OFFICE USE ONLY

Request Received By: _____ Date/Time Rec'd: _____

Forwarded to (Dept. Contact): _____ Date/Time: _____

- ☐ A complete response, as requested, has been provided.
- ☐ The request is denied because record(s) are not subject to the Public Information Act.
- ☐ The request has been or will be submitted to the Texas Attorney General for an opinion.
- ☐ The information does not exist.
- ☐ Other

Signature of City official providing record(s): _____ Date provided: _____