



# PUBLIC INFORMATION REQUEST FORM

All requests must be in writing and directed to:  
City Secretary, PO Box 641, Valley Mills, TX 76689  
P254.932.6146 Email: citysec@vmtx.us

Requestor's Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Detailed Description of Information Sought: \_\_\_\_\_

- Please Check One:  I request a copy of the information to be sent to the above mailing address (if available)  
 I request paper copies (please indicate the following): # of copies (\$0.10/each side page): \_\_\_\_\_  
 I request only to view the information at City Hall (no hard copies needed)

City Staff Use Only

Date Received: \_\_\_\_\_ Received by (City Employee Name): \_\_\_\_\_

Deadline*: _____	Date Fulfilled _____	Fulfilled By (employee name) _____
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- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Provided the requested information via mail:                 | _____ | _____ |
| <input type="checkbox"/> Provided the requested information for viewing at City Hall: | _____ | _____ |
| <input type="checkbox"/> Provided hard copies of the requested information:           | _____ | _____ |

# of pages (\$0.10/page): _____	Base Charge: \$15.00	Total Fee: \$ _____	Paid: \$ _____
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(Two-sided documents count as two pages. Hard copies over 8.5" x 14", maps, plats, and other special size/type requests are subject to additional fees. If the request will take more than one day to complete, please inform City Secretary or City Administrator. Information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General's office.)

	DATE
<input type="checkbox"/> Sent to Attorney	
<input type="checkbox"/> Requested Clarification	
<input type="checkbox"/> Received Clarification	
<input type="checkbox"/> Provided Cost Estimate	
<input type="checkbox"/> Received Cost Estimate Approval	
<input type="checkbox"/> AG Opinion Requested	
<input type="checkbox"/> AG Opinion # _____ Received	

NOTES: \_\_\_\_\_

\* - Day after the request is received plus 10 days, not including holidays or weekends.