



Public Information Request Form

Name: _____ Address: _____

Phone: _____

Email: _____

Information Being Requested

Please be as specific as possible including any information that might help our search such as date, time, location, birthdate/age, etc.

Select **one** of the below options:

- I would like **public information only**. You agree to allow the City to withhold information without requiring an Attorney General ruling.
- I would like **public and confidential information**. You are requesting an Attorney General ruling when needed to determine what can be withheld. You understand that this could take 60 business days or more before receiving records.

Please indicate how you would like to receive your records.

- Email
- Mailed
 - On a CD
 - Paper copies
- In Person
 - On a CD
 - Paper copies

This form can be submitted by email, mail, or in person.

- info@wichitafallstx.gov
- City Clerk's Office
P.O. Box 1431
Wichita Falls, TX 76307
- 1300 7th St. Room 104

I understand that the City processes requests in the order received and has 10 business days to request a determination from the Texas Attorney General's Office. The City is under no obligation to create a document to satisfy your request. I understand that a voluminous request may result in a cost estimate letter requiring payment before my request can be processed.

Date: _____ Signature: _____