



## CITY OF ENNIS, TEXAS

P.O. Box 220 • Ennis, Texas 75120 • (972) 878-1234 • FAX (972) 875-1075  
<http://www.ennis-texas.com>

### PUBLIC INFORMATION REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REPRESENTING FIRM/COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INFORMATION REQUESTED** (List information as specifically as possible, include names, dates, case #s, etc.)

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(Check as Appropriate)

\_\_\_\_\_ Copy of the information is requested. I understand the fee is \$0.10 (ten cents) per page for standard size paper copies Information copied onto nonstandard-size paper, cassettes tapes or computer disks and photographs will require additional charges.

\_\_\_\_\_ Requested copies will be picked up. Call @ \_\_\_\_\_ when available.

\_\_\_\_\_ Copies are not required. Inspection of documents is requested. (A time will be scheduled for review of the documents.)

I understand that the City of Ennis is under no obligation to create a document to comply with the request. The City of Ennis is under no obligation to comply with a standing request for information. I further understand that the 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 prior to a release. I further understand that the City has ten (10) business days in which to request such determination.

Date: \_\_\_\_\_

\_\_\_\_\_  
Requestor's signature

\_\_\_\_\_  
Requestor's Printed Name

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#### City Use Only

Date received \_\_\_\_\_ Employee receiving information \_\_\_\_\_

Date forwarded to City Attorney's Office, if applicable \_\_\_\_\_ Date information released \_\_\_\_\_

Employee releasing information \_\_\_\_\_

Miscellaneous comments/instruction from City Attorney's Office and/or City Secretary \_\_\_\_\_

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