

City of Royse City Public Information Request

Date: _____

****THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR THE INFORMATION WILL BE RELEASED AT THE EARLIEST CONVENIENCE.****

Requestor: _____ Phone #: _____
(Name) (Day Time)

Address: _____
(Mailing)

Representing Firm or Company: _____

Description of Public Record(s) Being Requested – Be Specific
(Example: Specific Subject Ordinances)

Signature

Approval for Release of Public Record(s)

Routed To: _____

Date Received: _____

Department: _____

Action Taken: _____

APPROVAL MUST BE GIVEN BY THE DEPARTMENT HEAD AND/OR CITY ATTORNEY/CITY MANAGER.

Department City Secretary: City Manager: City Attorney:

Signature:

P.O. Box 638
Royse City, Texas 75189

Phone 972-636-2250
Fax 972-635-2434

Requestor's Name: _____ Phone #: _____

Requestor's Address: _____

Date of Submission of the Request: _____

CITY USE ONLY

Deadlines for Action:

If the records are open, reply to citizen by _____

If there is a question as to whether the records are open, query the Attorney General by _____ .

Date the request was sent to departments: _____

Note: Send the original to the city attorney, file the copy

Deadline for departments to reply to the City Attorney _____

Date(s) the departments sent records to the City Attorney. (List each departments name and date.) _____

Date _____, _____ called the citizen to ask questions or
(staff member's name)
explain extenuating circumstances.

Date _____, the records were sent to the citizen.

Or

Date _____, the records were picked up by the citizen or his/her agent.

Signature of Citizen or Agent

If there was a question as to whether the records were open:

Date the letter was sent to the Attorney General, _____

Deadline for the Attorney General's response, _____

Date of receipt of the Attorney General's reply, _____

Date Citizen was notified of the Attorney General's Opinion, _____

Date Final Action was Complete _____