

<u>Received</u>
<u>Received from Department</u>



**3519 Liberty Drive
Pearland, Texas 77581
Telephone: 281.652.1653 Fax: 281.652.1719**

REQUEST FOR PUBLIC INFORMATION

<u>Received Back from Legal</u>
<u>Completed</u>

In accordance with the provisions of the Public Information Act, I hereby request copies of the following:

Name: (Please Print) _____ **Signature:** _____ **Date:** _____

Address: _____

Daytime Telephone Number: _____

NOTE: The Public Information Act is very lenient in what it considers public information; however; the "Act" does not require nor does time permit this office to do general research, so please be very specific in your request. Due to time constraints and the routine day-to-day functions of our office, we may be unable to produce the record you have requested immediately. If such is the case, you will be notified by phone, or in writing of the time you may pick up your documentation and the cost for reproducing this information. (A fee schedule, which was adopted by the City Council listing charges for various services, is available for inspection upon request). While it is the intent of this office to furnish requested data in a straightforward manner, occasionally a requested item may not be considered a matter of public record. In these instances, we will seek the advice of our City Attorney and you will be notified of a possible delay in processing your request. If I can be of any further assistance do not hesitate to contact my office at 281.652.1653.

Young Lorling, City Secretary

Attention: _____ **Department:** _____ **Email:** _____ **Total # of pages:** _____
Attention: _____ **Department:** _____ **Email:** _____ **Total # of pages:** _____
Date Sent: _____ **Response Due By:** _____ **Date Information Received from Department:** _____

If **additional time is needed** to produce the requested documentation or if the documents do not exist, **please advise me by** _____ (2 business days) when the documents will be ready so that I may notify the person requesting the documents.

Please check one of the following:
 _____ Documents as requested **are attached.** _____ Requested documents **do not exist,** _____ Documents **do not exist in this department,**
 _____ **may exist in** _____ **department**

Signature: _____ **Title:** _____ **Date:** _____

_____ The documents requested **are not readily available** at this time; however, the documents will be available to the City Secretary's Office on _____, you may notify the requestor of the date.

Signature: _____ **Title:** _____ **Date:** _____

City Attorney Review: Yes / No Date Submitted: _____ Date Returned: _____ Approved for Disclosure: _____	Attorney General: Yes / No Date Returned from Attorney General: _____ Approved for Disclosure: _____	Letter Sent: _____ <input type="checkbox"/> Extension <input type="checkbox"/> Don't Exist <input type="checkbox"/> Additional Information Needed
Comments: 	Notified: _____ No. of Pages / Amount _____ \$ Picked Up: _____	Reviewed By: _____ Approved for Disclosure: _____