

REQUEST NO. _____



It's real.

CITY OF SEGUIN, TEXAS
PUBLIC REQUEST FOR INFORMATION
OFFICE OF THE CITY SECRETARY

SUBMIT THIS FORM BY:

Email:
City Secretary
nmanski@seguintexas.gov

Mail:
City of Seguin
Attention: City Secretary
205 North River St.
Seguin, Texas 78155

Fax:
Attention: City Secretary
(830) 386-2588

PARTY REQUESTING INFORMATION

(Name of Requestor) (Mailing Address) (City/State/Zip)

(Daytime Telephone Number) (Email Address)

DESCRIPTION OF DOCUMENTS REQUESTED. PLEASE BE SPECIFIC

Please select the manner in which you wish to view the requested information:

- I wish to physically inspect the requested information at the City offices.
- I wish to have copies made of the requested information at the authorized rates.
- I wish to have copies sent electronically via provided email address at authorized rates.

Consent to Redaction of Certain Personal Information:

I consent to have social security numbers, driver's license numbers, home addresses, personal phone numbers and email addresses, and date(s) of birth redacted from the requested information. (Withholding consent may delay processing of this request by at least 45 business days while the City seeks an Attorney General's Opinion release of information.)

Requestor's Signature

FOR OFFICE USE ONLY
DISPOSITION OF REQUEST FOR PUBLIC RECORDS

Date Received: _____ Method of Receipt: _____ Routed to: _____

RETURN TO THE CITY SECRETARY'S OFFICE NO LATER THAN: _____
DATE OF FINAL ACTION ON THIS REQUEST: _____
ACTION TAKEN: _____

(ATTACH COPIES OF ANY INVOICES OR ITEMIZED BILLS ASSOCIATED WITH THIS REQUEST)