

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](mailto: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)

**ALL REQUESTS MUST BE ON THIS FORM AND A VALID REGISTERED FORM OF ID MUST BE SUBMITTED WITH THE REQUEST!**

**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)