CITY OF HEATH, TEXAS

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REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Name:		Phone(s):			
Address:			Fax:		
City:	ST:	ZIP:	EMAIL:		
REQUESTED RE	CORD(S): (Prin	nt or type. Please b	e specific in describing the records i	being requested.)	
	pies are to be mailed	d (Postage will be a	dded.): or examination at City Hall		
Date of Request			Signature of Requestor		
Do NOT write below this line					
CITY ATTORNEY Rev	view:YES	NO	Submitted to City Attorney:		
Approved for Disclosure:	YES	SNO	Recommendation:	(attached)	
ATTORNEY GENERA	<u>.L</u> Opinion Requi	red:YE	S NO		
Submitted to Attorney General:			Response Received:		
Copy of Request to AG Provided:			Copy of AG Opinion Provided:		
Department	Forwa	ard Date	Return Date	Comments	
Fee Notice Required. (Y Fees: \$	Paid by: Cas	Sent on: Cho	Response rece eck # Receipt Numb	eived: er:	
RECEIVED BY:					
Released Rv·		Format(s):			

Every effort is made to expedite requests for disclosure of public records. In the instance that compilation of the requested items requires more than 10 business days and/or the estimated cost to the requestor exceeds \$40, written notice will be provided within 10 business days. The Texas Public Information Act (Act) applies to records or information already in existence. The Act does not require the City to create new information, to do legal research or to answer questions. The City may collect fees as prescribed by law or regulation. If a fee is not prescribed by law or regulation, the fee shall be the actual cost of duplicating the record.