



## PUBLIC RECORDS REQUEST

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE CITY SECRETARY DEPARTMENT VIA EMAIL TO [jrios@cityofedinburg.com](mailto:jrios@cityofedinburg.com) OR FAX. 956-381-0468.

**For Public Use Only. Please Print or Type.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

*List information as specifically as possible including names, dates and case numbers, if known, use a separate sheet to this form if necessary.*

**RECORDS DETAIL:**


Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Staff \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information of records of the City of Edinburg, Texas.

In making this request, I understand the City is under no obligation to create a document to satisfy my request of to comply with a standing request for information, I further understand that the information will be released only accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand the information will be promptly released or the requestor will be notified with writing within 10 days after the request is submitted.

### Open Records Request Follow Up Report For Office Use Only

<i>Tracking No.</i>	<i>Request Date:</i>	<i>Department Status: (5 Business Days)</i>	<i>Response Date: (10 Business Days)</i>

\_\_\_\_\_  
Department Staff Received By:     Date

\_\_\_\_\_  
City Attorney Staff Received By:     Date

Approved By:

\_\_\_\_\_  
Department Director     Date

\_\_\_\_\_  
City Attorney Signature     Date  
(Only if required)

Approved

Reason (s) \_\_\_\_\_

Not Approved

Reason (s) \_\_\_\_\_

(Staff: Please put comments l back of page.)