



PUBLIC INFORMATION REQUEST FORM

*All requests must be in writing and directed to:
City Secretary, 511 Mercer Street, Dripping Springs, TX 78620
Email: acunningham@cityofdrippingsprings.com*

| | | |
|------------------------|-----------------------|-----------------------|
| Requester Name | Organization | E-mail Address |
| Mailing Address | City/State/Zip | Phone Number |

Detailed Description of Information Sought

- Please Select One:** I request a digital copy of the information to be sent to the above email address
- I request paper copies (cost estimate to be provided in accordance with *Statute Number*)
- I request to physically inspect the documents in person (appointment for inspection must be scheduled)

- I consent to have certain identifying information protected under Common Law such as, but not limited to social security numbers, driver's license numbers, home addresses, personal phone numbers, home phone numbers, and dates of birth redacted. *Withholding consent may delay processing of this request by at least 45 business days while the City seeks an Attorney General's Opinion regarding release of information.*

Requester Signature

*For City Secretary Use
Disposition of Request for Public Information*

| | | |
|---------------|-------------------|-----------|
| Date Received | Method of Receipt | Routed To |
|---------------|-------------------|-----------|

Return to City Secretary Office NO LATER Than: _____

Date of Final Action: _____

Action Taken: _____