



# PUBLIC INFORMATION REQUEST RELEASE OF PUBLIC RECORDS FORM

Form revised 1/31/2019

## REQUESTOR INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## INFORMATION REQUESTED

List the information requested on the lines below. Be specific and include as much information as possible or clarification will be required. If you are requesting a motor vehicle accident report, you should identify your relationship to a person, vehicle and or property involved in the accident. You may be asked to provide proof of your relationship to the person, vehicle or property. State law requires that some of the information contained in the motor vehicle accident report is not releasable unless you have a qualifying relationship to a person, vehicle, property or the report in general.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies will be \$.10 for each page. For 50 or more pages, the charge will be \$.10 for each page plus personnel time charged at \$15 per hour. Accident reports will be \$6 and certified copies are a \$1 per page. (Nonstandard size copies are more. Per Texas Administrative Code; General Services Commission, Chapter 111, Subchapter C, Rule 111.63)

- Active records must exist; no compiling or creation will be made.
- Information requiring extensive research will be charged \$15 per hour.
- How do you prefer to be contacted and/or receive your information?  Mail  Email  Phone  Fax
- Do you wish to be notified of the estimated time for research?  Yes or  No
- Are you willing to pay for the necessary time to research this request?  Yes or  No, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**Note:** Completing this request form makes no guarantee that the information being requested will be subject to public inspection and the Town of Northlake reserves the right to assert any statutory exemption under the Open Records Act or any other applicable laws governing disclosures.

I hereby request the information described above and understand that the information will be provided according to the Texas Public Information Act (formerly Texas Open Records Act), Chapter 552, Texas Government Code, and that a fee may be charged for the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY \*\***

Stamp Received

Information Available by: \_\_\_\_\_  
Information Released to: \_\_\_\_\_  
Date Released: \_\_\_\_\_  
AGO request: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  
Receipt #: \_\_\_\_\_