



Open Records Request Form

Please use this form to request open records from the City of Floresville. In accordance with the Texas Public Information Act, the City of Floresville will promptly (e.g., within a reasonable time) produce copies of the requested records to you unless the information is exempt from disclosure.

PLEASE FILL IN ALL INFORMATION

NAME: _____

PHONE: _____

MAILING ADDRESS (city, state, zip): _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE REQUESTED INFORMATION

(e.g., name of record requested, specific date of the record listed, time frame sought, etc.)

Date: _____

Description of Public Record(s) being requested:

The City of Floresville is under no obligation to create a document to satisfy any request or to comply with a standing request for information. This information will be released only in accordance with the Texas Public Information Act, which may require a determination of confidentiality by the Texas Attorney General prior to release. The City of Floresville has 10 business days in which to request such determination.

SIGNATURE OF REQUESTOR: _____ **Date:** _____

FOR COMPLETION BY CITY ONLY

Date Received: _____ **Time:** _____ **Received By:** _____

Date Completed: _____

1120 D Street, Floresville, Texas 78114
Office (830) 393-3105 Fax (830) 393-1211
www.floresvilletx.gov