

**CITY OF CALDWELL  
PUBLIC INFORMATION REQUEST**

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

**Requestor Identification** (Please type or print neatly):

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

Mailing Address: \_\_\_\_\_  
City State Zip

Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Description of Information Requested** (Please be as specific as possible, try to include names, addresses, dates of birth, Texas Drivers License numbers, account numbers, case numbers, etc... Attach additional sheets if necessary):

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I understand my rights according to the Texas Public Information Act. I also understand there may be charges for the records and that payment must be made before I obtain the records requested.

**Check option below to indicate your choice:**

- I want to come by City Hall and pick it up
- I want a copy of the information sent to me via:
- Regular mail to the address shown above;
- Faxed to \_\_\_\_\_
- Emailed to \_\_\_\_\_

\_\_\_\_\_  
Requestor Signature

The City of Caldwell, as a governmental body, is subject to the Public Information Act, Chapter 552 Government Code, which guarantees the public access to public information in custody of governmental bodies with few exceptions. The law requires the City to allow the public access to any documents, letters, memoranda, reports, etc. unless law excepts them. The law also requires the City to request from the Texas Attorney General, a decision as to whether the information may be withheld, if there has been no previous determination that the information falls into one of the excepted categories. The City must request an Attorney General's decision within ten (10) business days of receiving the request for information or the information is presumed public. The Public Information Request Procedure is not intended to hamper the free flow of information between the City and the general public. The procedure's sole intent is to centralize the processing of open records requests so as to better monitor the City's compliance with the Public Information Act.

**FOR CITY OF USE ONLY**

Received By: Mail Fax Email In Person Date Received: \_\_\_\_\_ ORR No. Assigned: \_\_\_\_\_

Responsible Department: \_\_\_\_\_

Released By: Mail Fax Email In Person Date Released: \_\_\_\_\_ Released By: \_\_\_\_\_

Special Notes: \_\_\_\_\_