

**CITY OF BOERNE
PUBLIC INFORMATION REQUEST**

DATE: _____

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:*

*Please be specific in the description of the information you desire. Not all information may be made public by law. Copies of documents containing restricted information are available only after the copying charge is paid.

Signature of Person Requesting Information

THE INFORMATION **MAY OR MAY NOT** BE AVAILABLE AT THE TIME REQUESTED. IT IS THE INTENT OF THE CITY OF BOERNE TO RESPOND PROMPTLY TO ANY AND ALL REQUESTS. PLEASE REVIEW THE PUBLIC INFORMATION ACT.

APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

RECEIVED: _____ DEPARTMENT: _____

ACTION TAKEN: _____

FEE COLLECTED: _____

APPROVAL MUST BE GIVEN BY THE PUBLIC INFORMATION OFFICER AND/OR CITY MANAGER OR CITY ATTORNEY.

Public Information Officer

City Manager or Attorney