



CITY OF JACKSBORO

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PUBLIC INFORMATION REQUEST

Name and contact information provides a means to contact you should there be a need for clarification of your request and is required. Please provide the contact information that allows the preferred method of communication.

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

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Public Record(s) Being Requested: \_\_\_\_\_

- Check applicable item(s):
I want paper copies
I want digital copies on diskette (when available)
I want to view at City Hall
Other (please explain)

- Check applicable item(s):
I authorize the redaction/removal of dates of birth other than my own.
My request includes the request of dates of birth.
I understand this information request will require the opinion of the Texas Attorney General and understand it will lengthen the completion timeframe of my request.

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

FOR CITY USE ONLY

Date Received: \_\_\_\_\_ Staff Received: \_\_\_\_\_

AG Opinion Required: YES NO Date Requested: \_\_\_\_\_

AG Response Received Date: \_\_\_\_\_

STAFF NOTES / COMMENTS

RECEIPT ACKNOWLEDGEMENT

Released to: \_\_\_\_\_ Receipt Authorization Signature: \_\_\_\_\_

Fee Amount Due: \_\_\_\_\_ Fee Amount Paid: \_\_\_\_\_