



P.O. Box 220 • Ennis, Texas 75120 • (972) 875-1234 • FAX (972) 875-1075
www.ennistx.gov

PUBLIC INFORMATION REQUEST FORM

NAME: _____ DATE: _____

REPRESENTING FIRM/COMPANY _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

INFORMATION REQUESTED (List information as specifically as possible, include names, dates, case #s, etc.)

(Check as Appropriate)

_____ Copy of the information is requested. I understand the fee is \$0.10 (ten cents) per page for standard size paper copies. Information copied onto nonstandard-size paper, cassettes tapes or computer disks and photographs will require additional charges.

_____ Requested copies will be picked up. Call @ _____ when available.

_____ Copies are not required. Inspection of documents is requested. (A time will be scheduled for review of the documents.)

I understand that the City of Ennis is under no obligation to create a document to comply with the request. The City of Ennis is under no obligation to comply with a standing request for information. I further understand that 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. I further understand that the City has ten (10) business days in which to request such determination.

Date: _____

Requestor's signature

Requestor's Printed Name

City Use Only

Date received _____ Employee receiving information _____

Date forwarded to City Attorney's Office, if applicable _____ Date information released _____

Employee releasing information _____

Miscellaneous comments/instruction from City Attorney's Office and/or City Secretary _____
