

**CITY OF EDGEWOOD
PUBLIC INFORMATION REQUEST**

DATE _____

Person Requesting Information _____

Representing Firm or Company _____

Address: _____

Phone# _____

**DESCRIPTION OF PUBLIC RECORD(S) BEING
REQUESTED:** _____

In making this request I understand that The City of Edgewood is under no obligation to create a document to satisfy my request or 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 release. I further understand that the City of Edgewood has 10 business days in which to request such a determination.

Date

Requestor's Signature

Requestor's printed name

CITY USE ONLY

Date received _____ Employee receiving information _____

Date released _____ Employee releasing information _____

Miscellaneous comments/instructions from Legal and /or City Secretary _____

