CITY OF BRENHAM 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 s		ole. For po	lice records, pleas	se include a
case number and/or the full name of at least one invo	olved person):			
_				
I understand there may be charges for the records an				
provided. If the cost is estimated to be over \$40.00,				
on the back of this form. REQUESTS MAY TAI	⊭F 11 P TO 10 B U§	SINESS DAY	/ C	
ALGOLO IO INTE	AE UL TO TO DO.)IINEOD DIE	15	
Check the box to indicate your choice:	-			
☐ I want to pick it up at City Hall☐ Mail to me at the address above	I	Requestor Sig	nature	
Emailed to				
Entance to				
The City of Brenham, as a governmental body, is subject to the Public access to public information in custody of governmental bodies with documents, letters, memoranda, reports, etc. unless law excepts them decision as to whether the information may be withheld, if there lexcepted categories. The City must request an Attorney General's dethe information is presumed public. The Public Information Requestive and the general public. The procedure's sole intent is to central compliance with the Public Information Act.	h few exceptions. The law also required has been no previous ecision within ten (10 the Procedure is not introduced the processing of the	he law require ires the City to s determination (1) business day tended to hamp of open records	s the City of allow the request from the Texas in that the information is of receiving the requester the free flow of info	public access to any s Attorney General, a falls into one of the est for information or primation between the
FOR CITY OF	BRENHAM USI	E ONLY		
Received Via: Mail Fax Email In Person Date R	eceived:		ORR No. Assigned:	
Received By: Responsible Department:				
Released By: Mail Fax Email In Person Date R	eleased:		Released By:	