



## REQUEST FOR PUBLIC INFORMATION

6101 Frisco Square Blvd.

Frisco, Texas 75034

Fax: (972) 292-5028 or email: [citysec@friscotexas.gov](mailto:citysec@friscotexas.gov)

Please use this form to request records from the City of Frisco (the "City"). In accordance with the Texas Public Information Act (the "Act"), the City will promptly (e.g. within a reasonable time) produce copies of the requested records to you unless the information is exempt from disclosure.

### PLEASE FILL IN ALL INFORMATION:

Name:  Phone:

Mailing Address:  Fax:

City:  State:  Zip:

Email Address:

### PLEASE PROVIDE A DETAILED DESCRIPTION OF THE REQUESTED INFORMATION (e.g. name of record requested, specific date of the record or list, time frame sought, etc.):

In making this request, I understand that the City is under no obligation to create a document to satisfy my request or to comply with a **standing/ongoing** request for information. I further understand that copies of the information will be released only in accordance with the Act, and the City reserves its right to seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought by the City's you will be notified in writing.

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Signature/Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Case No. \_\_\_\_\_

#### For completion by City only

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

Received by: \_\_\_\_\_ Time: \_\_\_\_\_

Assisting Department: \_\_\_\_\_

Date Records Received: \_\_\_\_\_

Necessary for Review by City Attorney: Y N

Date Sent to City Attorney: \_\_\_\_\_

Requires Ruling from Attorney General Y N

Date Submitted to Attorney General: \_\_\_\_\_

Date Records Released (Attach a copy of released records to this request): \_\_\_\_\_

#### I have been provided access to the above described record(s).

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_