

PUBLIC INFORMATION REQUEST

This request is made under the Freedom of Information Act and Government Code, Chapter 552, §552.002, which guarantees public access to certain, non-exempted information in the custody of governmental agencies.

DATE: _____ TIME: _____

PERSON REQUESTING INFORMATION

PRINT NAME: _____

REPRESENTING COMPANY (IF APPLICABLE): _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NO.: _____ CELL PHONE: _____

FAX NO.: _____ E-MAIL: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE INFORMATION:

In making this request, I understand that the LRGVDC is under no obligation to create a document, to do legal research, or to answer questions 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 Texas Public Information Act, and the LRGVDC reserves the 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 LRGVDC, you will be notified.

Signature of Requestor