

CITY OF CASTLE HILLS

209 Lemonwood Drive
Castle Hills, TX 78213
(210) 293-9680

OPEN RECORDS REQUEST

Person Request Information:

Name [please print]

Method of Receiving requested documents:

- ☐ Pick up
☐ Email
☐ Mail
☐ Schedule Inspection/Viewing

Address

Telephone Number

Email

Representing: _____

Describe Information Requested: _____

In making this request, I understand that the City of Castle Hills 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 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 Castle Hills has ten (10) business days in which to request such a determination. I further understand that any requested information determined to be public information will be made available within a reasonable time period.

I understand that a 50% deposit may be required based on the anticipated costs associated with retrieving the records I have requested. I also understand that if a deposit is required and I fail to pick-up the requested records within 10 days of notification, my deposit will be applied to the actual costs. Any remaining balance must be paid before the release of the records. I further understand that my request for an Open Record is also an Open Record itself.

Requestors Signature

Date

NOTE:

- Information may not be immediately available, within a reasonable timeframe you will be notified when your request is available for pick up.
- Original copies of records may not be removed from city offices, however a time can be scheduled for viewing.
- The fee for copies is \$0.10 per sheet.
- Information requested might require additional fees [non-standard-size paper, digital files, photographs, time for research, copies of 51+pages, postage, shipping, etc.].
- Payment must be received prior to the release of records.

CITY USE ONLY

Employee receiving request: _____ Date received: _____

Deposit (if required)/Cost: _____ Payment received: _____ Date: _____

City Attorney Review: _____ Attorney General Review: _____

Department(s): _____

Comments: _____

Open Request Log#: _____