# Request for Disclosure of Public Records



### All request must be in writing and directed to the City Secretary, 303 W. Main St. Kenedy, TX 78119. Phone (830) 583-2230 // Fax (830) 583-2063 // citysecretary@kenedytx.gov

#### **Requestor Contact Information**

Date of Request:	Phone:
Name:	Email:
Mailing Address:	
City	State / Zip

## **Description of Information Requested**

Please use as much detail as possible and note that you can only request existing records, i.e., no compiling or creating of records will be performed. If this is a request for police records, include (1) incident/report number, (2) name of individual involved, (3) date, location, and nature of the incident, and (4) identify your relation to the incident. Police records MUST be picked up in person by the original requestor.

## **Requestor Certification**

By submission of this document, I am requesting the information stated below and certify that I understand some records may be subject to non-disclosure under the Texas Public Information Act, Government Code Chapter 552, and other laws. I acknowledge that any copy request of 51 pages or more requiring gathering or compilation will be charged at the rate of \$15.00 per hour for the time required to fulfill my request. If copy charges exceed \$40.00, you will be provided with an itemized estimate of charges. In some instances, a deposit for payment of anticipated costs may be required. I further understand that the following fees are charged per request to cover the cost of reproduction: (1) copies, \$.10/page; (2) accident reports, \$6.00

Please check the appropriate boxes:	□ I wish to have copies	□ Other:	
Signature of Requestor:		Date:	
To Be Completed by the City	y		
Date Received:	Accepted By:		
Date Disclosed to Requestor:_	Amount Du	e:	Paid: Y / N
Released By:			