

# 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#: \_\_\_\_\_