City Secretary Open Records Request - Electronic Submission

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CategoriesForms, Permits, and Applications List

The Texas Public Information Act (Texas Government Code, Chapter 552), gives you the right to access government records; the officer for public information may not ask you why you want them. All government information is presumed to be available to the public, although certain exceptions may apply. Governmental bodies shall release requested information as promptly as possible, unless the information is exempt from disclosure under the Public Information Act.

The Act provides that a governmental body must respond "promptly" to a request for information. If a governmental body is unable to produce the requested information within ten business days, the officer for public information must send you correspondence certifying that he is unable to do so and he must set a date and time when the records will be available to you

The City of Kyle uses the rates established by the Office of the Attorney General to determine charges for copies of public records.

Please Note:

- The information requested is not readily available, you will be notified of a time and place to obtain the information.
- Original records or information may not be removed from city offices.
- The City of Kyle uses the rates established by the Office of the Attorney General to determine charges for copies of public records. **The fee for copies of documents is .10? per page** for standard size pages (letter and legal size). Additional fee may be charged for retrieval of records that are in storage. Fees apply to certified copies, non standard size copies, computerized information, and copies for which a specific fee is set by ordinance or state law.
- The city may not keep information in the form that you request it. For example, if you request information in compiled form, you may need to research uncompiled records.

Applicant Name: *
Full Name

Address: *
City/State/Zip: *
Firm Name:
Phone Number: *
Email address:
Fax Number:
Describe Information Requested: *

Attachment with additional information:

Indicate notification preference : * - Select -
Choose One

TERMS OF ACCEPTANCE and SIGNATURE

I, the requestor for this Open Records Request, warrant the truthfulness of the information provided in this application.

Signature: *
Please type your First and Last Name

❏ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Acknowledgment Box must be selected

(If you're a human, don't change the following field) Enter your name: 55bebdf55
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: 4c123c349
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: 091217ff0
Your first name.
Please enable Javascript to use this form. Submit

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