



City Secretary  
Open Records Request Form  
Phone: (512)262-3927  
Fax: (512)262-3987  
Email: [asanchez@cityofkyle.com](mailto:asanchez@cityofkyle.com)

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ Email \_\_\_\_\_

Describe information requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 fee for copies is .10 cents per page for standard size pages (letter and legal size). Additional fee may be charged for retrieval of records that are stored off site. 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.

**For City Use Only**

Date Information Supplied: \_\_\_\_\_ Employee \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_