



2370 FM 1979, San Marcos, Texas 78666 830-372-1031

TEXAS PUBLIC INFORMATION ACT INFORMATION REQUEST FORM

For guidance regarding your rights as a requestor and the public information procedures adopted by this governmental body, you may review the governmental body's notice required under section 552.205 of the Government Code. You can find additional Public Information Act resources on the Office of the Attorney General's website at <http://www.texasattorneygeneral.gov/open-government>.

Requestor Contact Information

Date of Request: _____

Name: _____

Company/Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Preferred Manner of Written Communication: ☐ Standard Mail ☐ Email

Description of the Information Requested (Note: Describe the information as precisely as you can)

Date Range (optional): from _____ to _____

Under the Public Information Act, some categories of information do not have to be released. Exceptions to disclosure fall into two general categories: 1) mandatory exceptions that make information confidential and require a governmental body to withhold information, and 2) discretionary exceptions that allow but do not require a governmental body to withhold information.

In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request, then you may request the redacted information in a future information request.

• Do you agree to the redaction of information that is subject to mandatory/discretionary exceptions, provided such redactions are clearly labeled on the information you received? ☐ Yes ☐ No Initials: _____

Informational Preferences:

How would you like the information to be provided? ☐ Inspection ☐ Copies

If available, do you wish to receive an electronic copy of the information? ☐ Yes ☐ No

Requester Signature: _____

PLEASE NOTE: This form may be copied, however it should not be altered or modified from its existing content. Additionally, certain items requested may be excepted from disclosure under the law and Crystal Clear SUD may assess costs for providing copies of requested information. If the information requested is unclear or if a large amount of information is requested you may be contacted to discuss clarifying or narrowing your request. There may be charges associated with production of the requested information.

THIS SECTION TO BE COMPLETED BY CRYSTAL CLEAR SUD PERSONNEL

Date Received: _____ Estimated Completion Date: _____

Records Available: ☐ YES ☐ NO (Check One)

Reason For Non-Availability: _____

Other: _____

Individual Completing Records Request: _____ Sent Date: _____