



CITY OF CENTER, TEXAS PUBLIC INFORMATION REQUEST

617 Tenaha Street * P O Box 1744
Center, Texas 75935
Phone (936) 598-2941

All requests must be in writing and directed to City Secretary, at the above listed address or email to eeelizondo@centertexas.org.

Requestor Identification - (Please type or print legibly)

Name of Requestor		Date:	
Address:			
City/State/Zip Code			
Phone Number:			
Email Address:			

Description of Information Requested – Please be as specific as possible, especially dates, time, name.

Date of Accident/Incident: _____ Person Involved _____

Date of Birth: _____ Location of Accident/Incident: _____

Summary of Accident/Incident/Type of Information Being Requested: _____

I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed on the Public Information Fee Schedule and that payment must be made before I obtain my items requested.

Initial on the line to indicate your choice:

I want **to view** the information _____.

Requestor signature _____

I want **a copy** of the information _____

Additional Request: _____

(Example: Body Cam, Dash Cam...)

FOR CITY OF CENTER USE ONLY

Received by: Mail ☐ Fax ☐ In Person ☐ Email ☐ Date : _____ Time Received: _____

DISPOSITION/DATE:

APPROVED FOR DISCLOSURE: Yes ☐ No ☐

- ❖ Emailed: _____
- ❖ Faxed: _____
- ❖ Viewed in person: _____
- ❖ Picked up copies: _____
- ❖ Mailed copies: _____

MUNICIPAL COURT ONLY:

Judge: _____

Date: _____ Released Records: Yes ☐ No ☐

FEE ASSESSED: \$ _____

Sent to Attorney: _____

AG Opinion requested: _____

AG Opinion received _____

Other Information: _____