



PUBLIC INFORMATION REQUEST FORM

All requests must be in writing and directed to:
City Secretary, 511 Mercer Street, Dripping Springs, TX 78620
Email: citysecretary@cityofdrippingsprings.com

Requestor's Name: _____

Organization (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Detailed Description of Information Sought: _____

- Please Check One: I request a digital copy of the information to be sent to the above email address (if available)
 I request paper copies (please indicate the following): # of copies (\$0.10/each side page): _____
 I request only to view the information at City Hall (no hard copies needed)

City Staff Use Only

Date Received: _____ Received by (City Employee Name): _____

Deadline*: _____ Date Fulfilled _____ Fulfilled By (employee name) _____

Provided the requested information via email: _____

Provided the requested information for viewing at City Hall: _____

Provided hard copies of the requested information: _____

of pages (\$0.10/page): _____ Total Fee: \$ _____ Paid: \$ _____

(Two-sided documents count as two pages. Hard copies over 8.5" x 14", maps, plats, and other special size/type requests are subject to additional fees as listed in the Master Fee Schedule. If the request will take more than one day to complete, please inform City Secretary or City Administrator)

	DATE
<input type="checkbox"/> Sent to Attorney	
<input type="checkbox"/> Requested Clarification	
<input type="checkbox"/> Received Clarification	
<input type="checkbox"/> Provided Cost Estimate	
<input type="checkbox"/> Received Cost Estimate Approval	
<input type="checkbox"/> AG Opinion Requested	
<input type="checkbox"/> AG Opinion # _____ Received	

NOTES: _____

* - Day after the request is received plus 10 days, not including holidays or weekends.