## CITY OF SACHSE PUBLIC INFORMATION REQUEST

Deliver request to the City Secretary for processing.

DATE:			
In accordance with the Texas Public Information Act, documents, or other information that is already in exresearch, or comply with a continuing request to supplied it is uncertain what is being requested. Some records of	xistence. The City of Sac y information on a perio	chse is not required to answer questions, perfedic basis. The City may, however, ask for clarit	orm lega
PERSON REQUESTING INFORMATION:			
REPRESENTING FIRM OR COMPANY (if a	applicable):		
REQUESTER'S ADDRESS:			
REQUESTER'S PHONE & EMAIL			
<b>DESCRIPTION OF PUBLIC RECORD(S) B</b> specific information will result in the delay of full your request.		- · · ·	-
Police Specific Records: Report Number(s)		Date(s) of Report(s):	
Person(s) Involved:			
Address Involved:			
SIGNATURE:  By my signature, I acknowledge that the City of Sachto review and respond to my request. I understand the reports naming juvenile offenders, reports of sexual Attorney's office for an opinion regarding the public of the inquiring about zoning compliance, please co	at requests for active investing the state of the description of the description and reports in the description of the descript	vestigations, reports of suspected child abuse or egarding mental health will be forwarded to locuments in question.	r neglect, the City
mjay@cityofsachse.com for a Zoning Verification Let		1	
You may email, mail or fax this form to Leah Rd., Bldg B. Sachse, Texas 75048. Fax 972-530		eary, at <u>lgranger@cityofsachse.com</u> ; 3815	5 Sachso
<b>NOTE</b> : The cost of copies for public information con related to reproducing the public information, includi Sections 552.261 through 552.275.			
STAFF USE ONLY: Received Date:	Initials:	<u></u>	
1) Notified Ready to Pick Up/Date:	Time:	Initials:	
2) Cost: \$			
3) Information Released & Costs Paid/Date:	Time:	Initials:	