

**CITY OF DALWORTHINGTON GARDENS
PUBLIC INFORMATION REQUEST**

A. REQUEST IDENTIFICATION
Name of Requestor: _____
Telephone: _____
Date: _____
Address: _____
Description of Information Requested: (Attach additional sheets if necessary. Please be specific as possible)
Signature of Requestor: _____

B. DEPARTMENT RESPONSE
Department: _____
Request Handled by: _____
Telephone: _____
Fax: _____

REQUESTOR: See response checked below:
<input type="checkbox"/> This information is unavailable at this time. It will be available for review on _____ (Date) at _____ (Time).
<input type="checkbox"/> This information is not created or maintained by this governmental body.
<input type="checkbox"/> This information is maintained by this department but may be protected information under the Texas Public Information Act. Your request will be promptly reviewed and you will be informed of its status.
<input type="checkbox"/> This information can be copied for you. Please see Section C below for an estimate of charges.
<input type="checkbox"/> The information requested has been copied for you. Please see Section C below for total charges due.

C. INFORMATION CHARGES
COST ESTIMATE
An estimate of costs to copy the information you requested is provided below. This estimate has been calculated from anticipated charges that are indicated on the back of this form. Actual cost may be higher or lower than the cost estimate. Please indicated your desire to proceed with this request by checking one of the boxes below, signing and dating this form, and returning it either by fax to the number listed in Section B above, or mailing it to the address at the bottom of the page.
Cost Estimate: _____
NOTE: Cost estimates that exceed \$100 require a deposit before a request can be processed.
<input type="checkbox"/> I wish to have the information copied
<input type="checkbox"/> I do not wish to have the information copied.

Signature of Requestor _____ Date _____

ACTUAL COST
The cost of copying the information you requested is provided below. This cost has been calculated from the total charges indicated on the back of this form. Please remit payment, either in person, or by check made out to the City of DWG and addressed as shown below.
Actual Cost: _____
If mailing, send to attention of department named in Section B above, addressed to: Attn: City Secretary City of DWG 2600 Roosevelt Dr. DWG, TX 76016