

CITY OF WYLIE

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300 Country Club Road, Building 100, Wylie, Texas 75098 972/516-6022 – Fax 972/516-6026

REQUEST FOR INFORMATION

Name of Requestor	Telephone	Fax or Email		
Address				
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Description of Information Requested: (Please list the records that you are requesting. List specific dates, if possible. If not, please list a starting and ending date for the records requested.)				
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Signature of Requestor (if in person)		Date:		

Note: Any requested information determined to be PUBLIC INFORMATION will be made available within a reasonable time period.

This form request makes no guarantees that the information being requested will be subject to public inspection and copying, and the City of Wylie reserves the right to

withhold any requested information that is excepted from public disclosure under the Public Information Act or any other applicable law.

CITY OF WYLIE PUBLIC INFORMATION REQUEST STAFF ACTION FORM

Department			Date		
Please research the attached request for public information. If the cost of the copies exceeds \$20, notify the City Secretary prior to coping.					
REQUEST ACTION					
☐ The information requested has been copied for requestor. Please see Charges Section below					
for total charges due. (For requests totaling less than \$40.)					
☐ This information can be copied for requestor. Please see Charges Section below for an					
estimate of charges. (For requests totaling more than \$40.) □ This information is unavailable at this time. It will be available for review on					
☐ This information is unavailable at this time. It will be available for review on (date) at (time).					
☐ This information is not created or maintained by the City.					
☐ This information is not created of maintained by the City. ☐ This information is maintained by this department but may be excepted from public disclosure					
under the Texas Public Informat		•	to be referred to City Attorney.)		
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INFORMATION CHARGES					
COST ESTIMATE		ACTUAL COST			
This estimate has been calculated from		The cost of copying the information for the			
anticipated charges that are indicated on the		requestor is below. This cost has been			
back of this form. Actual cost may be higher		calculated from the total charges indicated on			
or lower than the cost estimate.		the back of this form.			
Cost Estimate: \$		Actual Cost: \$			
4					
Department Request Handle		d by: Telephone			
Date Received by City Secretary	retary Time Received/Har		ndled by:		
			-		