



Travis County Emergency Services District No. 6
Lake Travis Fire Rescue

P.O. Box 340196 15304 Pheasant Lane, Suite #100
Office 512.266.2533 Fax 512.266.7065

Request for Information

Name: _____ Agency/Business: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of Travis County Emergency Services District No. 6:

Building Fire Vehicle Fire/Collision Medical Other _____

At (location) _____
Street Number Street Name (Note: if at intersection, indicate both street names)

Run Number _____ Date Occurred (Mo/Day/Year) _____ Time _____

Other Additional Information: _____

____ I wish a copy of the requested information. I understand that I will be charged \$5.00 per report. Information copied onto nonstandard-size paper, cassette tapes or computer disks and photographs will require additional charges.

____ I will pick up the copies. Please call me at _____ when they are ready.

____ Please bill me and mail the copies to _____.
I understand that postage and shipping will be added to the charge of the report.

____ I do not want copies, but wish only to inspect the requested information. Please call me at _____ to schedule a time when the records will be available.

I understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that Travis County Emergency Services District No. 6 has ten (10) business days in which to request such determination.

Requester's Printed Name

Requester's Signature

Date

Office Use Only

Date Received	Employee Receiving Information
Date Forwarded to Legal, if applicable	Date Released
Employee Releasing Information	Other