



REQUEST FOR INFORMATION

Name: _____

Agency: _____

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 Hudson Bend Fire Department:

Building Fire Vehicle Fire/Collision Medical Other _____

at (location) _____

Street Number Name of Street (Note: If at intersection, indicate both street names)

Run Number# _____ Date Occurred (Mo-Day-Yr) _____ 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 a release. I further understand that Travis County Emergency Services District No. 6 has 10 business days in which to request such determination.

Date

Requester's Signature

Requester's Printed Name

Office Use Only

Date Received:	Employee Receiving Information:
Date Forwarded to Legal, if applicable:	Date Released:
Employee releasing information:	Other:

