

## OPEN RECORDS REQUEST

All requests must be in writing and directed to the City Secretary at (1) 3947 Lincoln Avenue, Groves, TX, 77619, (2) fax (409) 963-3388, or (3) email [cthibodeaux@cigrovestx.com](mailto:cthibodeaux@cigrovestx.com). Most requests will be honored within 10 business days and you will be contacted if it will take longer. Telephone the City Secretary at (409) 960-5773 if you have any questions.

### REQUESTOR CONTACT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_



### DESCRIPTION OF INFORMATION REQUESTED

Please be as detailed as possible and note that you can only request existing records, i.e. no compiling or creation of records will be performed. Do not use this form if you are seeking police records; instead scan the QR code to the right.



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### REQUESTOR CERTIFICATION

By submission of this document, I am requesting the information described above and certify that I understand some records may be subject to non-disclosure under the Texas Public Information Act, Government Code Chapter 552, and other laws. As provided for by the Texas Administrative Code, I acknowledge that any copy request of 51 pages or more requiring gathering or compilation will be charged at \$15.00 per hour for the time required to fulfill my request. If copy charges exceed \$40.00, you will be provided with an itemized estimate of charges. In some instances, a deposit for payment of anticipated costs may be required. I further understand that the following fees are charged per request to cover the cost of reproduction: (1) standard paper copy - \$.10/page; (2) oversized paper copy - \$.50/page; (3) specialty paper - actual cost; (4) CDs - \$1.00; (5) other electronic media - actual cost.

Please check the appropriate boxes:

I wish to have copies     I wish to inspect     I will accept redacted records

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

#### Department Review

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Made: \_\_\_\_\_ Notes: \_\_\_\_\_

2<sup>nd</sup> Attempt Made: \_\_\_\_\_ Notes: \_\_\_\_\_

#### City Secretary Review

Date of Final Review: \_\_\_\_\_ Date Requestor Notified: \_\_\_\_\_ Date Disclosed: \_\_\_\_\_

Notes: \_\_\_\_\_