City of Live Oak Justice Center 8022 Shin Oak Drive Live Oak, TX 78233 (210) 945-1700 Public Records Request Form

City Official / Department: POLICE DEPARTMENT

Requestor's Name:	Telephone:		
Please Print	•		
Address:Please print complete mailing address and physical address	City and State		
 I understand that: My request is limited to the information in existence a The City has no duty to answer questions or create d Texas Public Information Act, but if I ask a question, whether there is information responsive to my question Certain information held by the City may be confider public disclosure when applying various provisions of 	ocuments to respond to a request pursuant to the the City will make a diligent effort to determine in its records and respond. It is a matter of law, or may be excluded from		
Therefore, to assist in processing your request, please choose of	Option A or Option B below:		
OPTION A - Initial:	ne City believes is non-confidential and available act or any other applicable law. I will accept a this basis and consider my request completely mation provided under this basis, that I can make mation and the City will seek an opinion of the		
OPTION B - Initial:, <i>I do not agree to limit</i> documents regardless of whether the City considers the infectuded. I understand that the City has the duty to seek an open Records Division which will consist of the following:	formation to be confidential or subject to being		
1) A written request for an opinion from the Texas Attorney (excluding weekends & holidays recognized by the City) from			
2) A written brief sent to the Attorney General's Office with received my initial request;	hin fifteen (15) days from the date that the City		
3) I might receive a request for clarification of my reques (postpone) the deadline for the City's request for an opinion fr			
4) A waiting period of up to forty-five (45) days for the Atto	orney General's Office to render an opinion from		

the date they receive the written brief. I understand that until an opinion is rendered the City cannot fully respond to my request until a final decision is made by the Texas Attorney General's Office regarding my request. I understand that the Texas Attorney General may rule that the information can or cannot be released and I understand that the City may disagree with the opinion provided by the Texas Attorney General's Office. In such cases, the City may seek a decision from a Travis City District Court or higher court, before records are

PLEASE CONTINUE ON SIDE 2

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I understand that documents/information held by a Court, whether a Justice Court, City Court, or District Court are Judicial Records and are not subject to disclosure pursuant to the Texas Public Information Act. Any request for records made for judicial records will be handled pursuant to the Judicial Records Act and will not be considered a request pursuant to the Texas Public Information Act.

Description	of Information Requested:		
Case Nu	ımber:		
Date and	Time of Incident/Acciden	t:	
Location	of Incident/Accident:		
Name of	One or More Person(s) In	volved:	
Request	or's Signature:		Date:
Requesto	or's Email:		
FEES:			
Police/Accident re §550.065) Certific Open Record Record		-	\$6.00 each \$6.00 + additional \$2.00
Cost per page stan USB Flash Drive -	dard size up to 8.5" x 14 Nonstanda	ard sizes -	\$.10/page \$.55/page \$6.00
CD and DVD -			\$5.00 each
Body Worn Came Personnel Cost for Postage -	more than 50 pages -		\$10.00 each + additional \$1.00 per minute \$15.00 per hour Actual cost
Notes/Comr			Total Charges:
			EMINATION TABLE COMPLETED
Fees waived in	accordance with procedures: Yes No		
Released by	;I	Date:	Case No