PUBLIC INFORMATION REQUEST FORM

This request is made under Government Code Act, Chapter 552, which grants public access to certain, non-exempt information in the custody of the government agencies. Please be mindful that there might be costs associated in granting your request. If a fee is applicable, you will be provided a cost estimate before your request is processed.

REQUEST TYPE: ☐ General Public ☐ Attny/Law Firm ☐ Government Agency

☐ Media/Press ☐ Private Enterprise/Corp. ☐ Other: _____

_____

COMPANY NAME (if applicable): _____

NAME OF REQUESTOR: _____

JOB TITLE OF REQUESTOR: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

INFORMATION REQUESTED: ☐ Copies ☐ Inspection only

REQUESTED RECORD(S):

Please provide a detailed description of the record(s) requested, including type of record; time period or dates for the record(s); and subject matter of record(s). A broad or generalized request does not provide the detail needed by the governmental entity to identify the specific record being requested. (If more space is needed, please attach blank page and continue.)

In making this request, I understand that the HCRMA grants acess only to information that exists at the time of the request and is not required to answer questions, create a document, perform legal research, or comply with a continuing request to supply information on a periodic basis as such information is prepared in the future. I further understand that copies of the information will be released in accordance with the Texas Public Information Act and that the HCRMA reserves the right to seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought, you will be notified.

_____ _____

Signature of Requestor Date Submitted

Please complete form, print, and email to contact@hcrma.net or mail to P.O. Box 1766, Pharr, TX 78577.