



## City of Magnolia OPEN RECORDS/INFORMATION REQUEST FORM

All requests must be in writing and directed to:

City Secretary, Christian Gable

18111 Buddy Riley Blvd.

Magnolia, Texas 77354

Fax: (281) 259-7811 | Email: [cgable@cityofmagnolia.com](mailto:cgable@cityofmagnolia.com)

**(PLEASE PRINT LEGIBLY OR TYPE)**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number, Email Address: \_\_\_\_\_

**Please provide for delivery of information, estimates, and/or any necessary clarification of the request.**

**Specific, detailed description of information sought:**

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(Check One)

- (a) \_\_\_\_\_ Pick up in person  
(b) \_\_\_\_\_ View at City Hall  
(c) \_\_\_\_\_ U.S. Mail (*additional charges may apply*)  
(d) \_\_\_\_\_ Fedex (*additional charges may apply*)  
(e) \_\_\_\_\_ Email or fax (*if possible/available*)  
(f) \_\_\_\_\_ Diskette, CD, DVD  
(g) \_\_\_\_\_ Other (*Please explain*)

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**Note:** A cost estimate will be provided if responsive materials exceed 50 pages or \$40.00. Certain exceptions to disclosure of public information exist under the Texas Public Information Act to protect against disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an open records opinion will be sought from the Office of the Attorney General regarding your request.

**\*\*This section for City only \*\***

Date Received: \_\_\_\_\_

RFI ID #: \_\_\_\_\_

Disposition:

- (a) \_\_\_\_\_ Sent to City Attorney on \_\_\_\_\_ (date).  
(b) \_\_\_\_\_ AG Opinion requested on \_\_\_\_\_ (date)  
(c) \_\_\_\_\_ AG Opinion \_\_\_\_\_ (number) received on \_\_\_\_\_ (date)  
(d) \_\_\_\_\_ Sent estimate on \_\_\_\_\_ (date)  
(e) \_\_\_\_\_ Picked up copies in person on \_\_\_\_\_ (date)  
(f) \_\_\_\_\_ Sent by U.S. Mail on \_\_\_\_\_ (date)  
(g) \_\_\_\_\_ Sent by Fedex on \_\_\_\_\_ (date)  
(h) \_\_\_\_\_ Emailed on \_\_\_\_\_ (date)  
(i) \_\_\_\_\_ Faxed on \_\_\_\_\_ (date)  
(j) \_\_\_\_\_ Viewed in person on \_\_\_\_\_ (date)

**Fees assessed/collected: \$** \_\_\_\_\_

Notes:

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City Official Assigned : \_\_\_\_\_ (signature)