



907 E. Houston Ave, Cleveland, TX 77327  
(281) 592-2667 – Fax (281)592-6624  
**REQUEST FOR INFORMATION**

Name of Requestor	Telephone	Fax or Email
Address (Complete if information is to be mailed)		
Description of Information Requested: (Please list the records that you are requesting. List specific dates, if possible. If not, please list a starting and ending date for the records requested.)		
Signature of Requestor (if in person)	Date:	

**Note: Any requested information determined to be PUBLIC INFORMATION will be made available within a reasonable time period.**

**This form request makes no guarantees that the information being requested will be subject to public inspection and copying, and the City of Cleveland reserves the right to withhold any requested information that is accepted from public disclosure under the Public Information Act or any other applicable law.**

**CITY OF CLEVELAND  
PUBLIC INFORMATION REQUEST  
STAFF ACTION FORM**

Department	Date
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*Please research the attached request for public information. If the cost of the copies exceeds \$20, notify the City Secretary prior to copying.*

<b>REQUEST ACTION</b>
<input type="checkbox"/> The information requested has been copied for requestor. Please see Charges Section below for total charges due. (For requests totaling less than \$40.)
<input type="checkbox"/> This information can be copied for requestor. Please see Charges Section below for an estimate of charges. (For requests totaling more than \$40.)
<input type="checkbox"/> This information is unavailable at this time. It will be available for review on: _____ (date) at _____ (time).
<input type="checkbox"/> This information is not created or maintained by the City.
<input type="checkbox"/> This information is maintained by this department but may be accepted from public disclosure under the Texas Public Information Act. (Request to be referred to City Attorney.)

<b>INFORMATION CHARGES</b>	
<p style="text-align: center;"><b>COST ESTIMATE</b></p> <p>This estimate has been calculated from anticipated charges that are indicated on the back of this form. Actual cost may be higher or lower than the cost estimate.</p> <p>Cost Estimate: \$ _____</p>	<p style="text-align: center;"><b>ACTUAL COST</b></p> <p>The cost of copying the information for the requestor is below. This cost has been calculated from the total charges indicated on the back of this form.</p> <p>Actual Cost: \$ _____</p>

Department	Request Handled by:	Telephone
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Date Received by City Secretary	Time	Received/Handled by:
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