

REQUEST FOR PUBLIC INFORMATION

(Public Information Act Section 552.001 of the Local Government Code)

Please complete the form below to request public information. The City of Karnes City accepts Open Records Request in any written format. This form is intended to be a guide to help expedite requests. This form may also be used to request a copy of an Accident Report. Please e-mail your request to <u>karnescity@cityofkctx.com</u>; or fax your request to 830 780-2227; or mail the completed form to: City of Karnes City, 314 E. Calvert Ave., Karnes City, TX 78118. If requesting a police record, please submit your request to <u>kcpd@cityofkctx.com</u> or fax 830 780-2391.

Please provide your contact information below. Required fields are marked with an asterisk (*).

*Name (please print):		
*Company/Organization:		
*Mailing Address:		
*City:*St	ate:*Zip (Code
E-Mail Address:		
*Phone Number:	Fax Number:	
Do you want a copy of the document?	Type of document/re	report?
Yes, (fees apply)	Accident Report	: (\$6.00 per report)
Yes, Certified Document? (fees apply)	Other (.10 per pa	bage for first 50 pages)
No, I wish to inspect the documents.		
Are you requesting any and all documents in	ncluding those that may meet an e	exception from disclosure under the Public Information Act (PIA)?
Only publically available documents.		
Any and all documents (including confide (NOTE: "Any and all documents" option may		;)
** Please provide the type of information or	name(s) of the document, includir	ing inclusive dates, if known, regarding the document you seek:
*Name of document:		
*Date and time of incident or inclusive dates	of document:	
*Address or location of incident:		
*Name(s) of party(s) involved:		
Incident number, if known NOTE: Police reports are usually not availab l	le until 5-8 business days after the	accident/incident occurred.
Signature	C	Date

Office use only: Notified request is ready on:_____