

**CITY OF UNIVERSITY PARK
REQUEST FOR INFORMATION
PURSUANT TO THE PUBLIC INFORMATION ACT ("Act")**

All requests must be in writing and directed to the City Secretary, 3800 University Blvd., University Park, Texas 75205
Fax: 214/987-5399, email: city-secretary@uptexas.org.

Please type or print

For charges, please see the Master Fee Resolution, as amended, on file in the City Secretary's Office

The undersigned hereby requests access to, or a copy of, the following described record:

The undersigned requestor specifically acknowledges and agrees that, if requested information is supplied to him/her, he/she will bear the sole responsibility for any use or misuse, which might subsequently be made of that information.

In addition, if the information is not readily available or accessible, this fact will be certified in writing below and a date set within a reasonable time when the record will be available. The requestor will be accorded "all reasonable comfort and facility for the full exercise of the right granted by this Act."

Further, the Act provides in part "The officer and ...agent...shall not make an inquiry...except to establish proper identification ...clarify the request ...or ...identify a motor vehicle record..." **SUCH REQUEST FOR IDENTIFICATION AND ITS MEANS OF ESTABLISHMENT WILL THEN BECOME A PERMANENT PART OF SUCH FILE RECORD.**

DATE OF REQUEST: _____
REQUESTOR'S NAME: _____
MAILING ADDRESS: _____
TELEPHONE: _____
CITY, STATE, ZIP: _____
IDENTIFICATION (Drivers License #): _____
SIGNATURE: _____

Person(s) requesting an Accident Report must supply two (2) of the three (3) following items in order to get a copy of the Accident Report: Date of Accident Name of one of the drivers Address of the location of the accident
Detailed Description of Information Sought: (be specific regarding dates, etc.)

- (Check one) (a) _____ I request paper copies
 (b) _____ I request digital copies on diskette or CD (when available)
 (c) _____ I request only to view at City Hall

For Completion by City only:

Date Request Received: _____
Disposition: (a) _____ Provided copies of the following information: _____ (date)
 (b) _____ Provided the following information for viewing: _____ (date)
 (c) _____ Sent to City Attorney on _____ (date)
 (d) _____ Attorney General Opinion requested on _____ (date)
 (e) _____ Attorney General Opinion _____ (number) received on _____ (date)

The information you requested today was not supplied to you, but you will be supplied on (date) _____ or upon receipt of an interpretation that the information sought is not expressly prohibited by law.

Notes: _____

Number of Copies: _____
Amount: \$ _____
Receipt Number: _____

I certify the above information was supplied on _____ at _____ by _____ Title _____.