CITY OF SELMA
PUBLIC INFORMATION REQUEST FORM

Date: _____

The information may or may not be available at the time requested or may not be available for public inspection.

Person requesting information: _____

Representing firm or company (if applicable): _____

Address: _____

Daytime phone number: _____ Email: _____

Preferred method of receipt: Mail:_____ Email: _____ Fax:_____In Person (City Hall): _____

Description of public record(s) being requested (Please list specific dates if possible):

_____

_____

_____

_____

_____

_____
(Signature of Requestor)

****The requestor is advised that certain information (direct deposit authorization forms; employment eligibility verification form I-9 and attachments; W-2 and W-4 forms; certified agendas and tapes of executive sessions; fingerprints; L-2 and L-3 declarations; Texas Driver's License Numbers and Texas License Plate Numbers and a copy of a Texas Driver's License; access device information; certain form DD214s and email addresses of members of the public) may be redacted and withheld from release in accordance with Open Records Decision 684*.

APPROVAL FOR RELEASE OF PUBLIC RECORDS

Date request was received: _____ Date of Final Action: _____

Routed to: _____

Action Taken: _____

_____

How much was invoiced for Request (if applicable)? _____

Date Payment was received: _____