

Open Records Request Form

City of San Marcos
City Clerk's Office-City Hall
630 E. Hopkins
San Marcos, Texas 78666
(512) 393-8090
(512) 396-1576 Fax
openrecordsrequests@sanmarcostx.gov



City Clerk's Office date received:
PIC #:

Please fill out the following information to request a record or document from the City of San Marcos.

Last Name:	First Name:
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Contact Information:

Mailing Address:		City:
State:	Zip Code:	Phone #:
Fax #:		Email:

- I am requesting:
- Copies at .10 cents per page
 - I wish to receive all requested information at one time.
 - I wish to receive the requested information as it becomes available.
 - Review only

Please state your documents request below:

I understand that a 50% Deposit maybe required based on the anticipated costs associated with retrieving the records I have requested. I also understand that if a deposit was required and I fail to pick-up the requested records within 10 days of notification, my Deposit will be applied to the actual costs. Any remaining balance must be paid before release of the records. I further understand that my request for an Open Record is also an Open Record itself. Any request for additional information//copies will require another Open Records Request Form to be filled out and another 50% Deposit maybe required. In making this request I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination, by the Texas Attorney General prior to a release. I further understand that the City has 10 business days after the date of this request in which to request such a determination.

Requester's signature/ Date

Deposit Received: \$ _____ Receipt #: _____
City Attorney's Approval: _____ Date: _____
Date Requester Notified Information available: _____ Job Completed by: _____
Date Copies/Information Picked Up: _____ Balance Paid: \$ _____ Receipt # _____
Copies picked up by: _____ Staff Member Initials: _____