BEXAR COUNTY EMERGENCY SERVICES DISTRICT NO. 11

TEXAS PUBLIC INFORMATION ACT - PUBLIC INFORMATION REQUEST FORM

Texas Government Code Chapter 552

Instructions: Use this form to request existing public information maintained by Bexar County Emergency Services District No. 11 (BCESD11). A request must be in writing. The District is not required to answer questions, perform legal research, or create new information in response to a request. Please describe the records sought as specifically as possible.

This form is provided consistent with the Texas Attorney General public information request form under Texas Government Code § 552.235. Use of this form may be allowed by the District; a request may also be submitted by another written method accepted under § 552.234.

1. Requestor Contact Information

First Name: _____ Last Name: _____

Company/Organization: _____ Phone Number: _____

E-mail Address: _____ Preferred Written Communication: ☐ Email ☐ U.S. Mail

Mailing Address: _____ City/State/ZIP: _____

2. Description of the Information Requested

Describe the records or information as precisely as possible. Include names, subjects, locations, report/incident numbers, departments, or other identifying details when known.

Date Range (optional): From: _____ **To:** _____

3. Redaction Preferences

The Public Information Act contains mandatory exceptions that require certain information to be withheld and discretionary exceptions that may permit information to be withheld. In many instances, a governmental body must seek an Attorney General decision before withholding responsive information. A requestor may permit certain redactions without requiring an Attorney General decision. You are not required to agree to these redactions.

Do you agree to the redaction of information subject to mandatory exceptions, provided the redactions are clearly labeled? ☐ Yes ☐ No

Do you agree to the redaction of information subject to discretionary exceptions, provided the redactions are clearly labeled? ☐ Yes ☐ No

4. Information Preferences

How would you like the information provided? ☐ Inspect records ☐ Copies ☐ Both inspect and copies

If available, do you wish to receive an electronic copy? ☐ Yes ☐ No

Preferred format, if available: ☐ PDF ☐ Native electronic format ☐ Paper ☐ Other: _____

5. Requestor Acknowledgment

I understand that if my request is unclear, or seeks a large amount of information, BCESD11 may contact me to clarify or narrow the request. Charges may apply to the production of public information as permitted by law. I understand that submitting this form does not require BCESD11 to create information that does not already exist.

Requestor Signature: _____ **Date:** _____

6. Submit Request to BCESD11

Officer for Public Information / Designee
Bexar County Emergency Services District No. 11
Mail / Hand Delivery: _____
Designated Public Information E-mail: _____
Other District-approved submission method (if any): _____

Important: Requests should be delivered to the District's Officer for Public Information or designee using a method accepted by the District. Keep a copy of your request and proof of receipt.

FOR BCESD11 USE ONLY

Date Received: _____ Time Received: _____ Received By: _____

Tracking No.: _____ Method: ☐ Mail ☐ Email ☐ Hand Due/Action Notes: _____