## **CITY OF HOLLAND - PUBLIC INFORMATION ACT REQUEST**

TO: (title, name, address, email, ph#)	Date of Request:
REQUESTOR IDENTIFICATION (please type or print neatly)  Name:	
Phone #:	Email:
	<b>ESTED</b> (Please be as specific as possible. Try to include names, addresses, case numbers, a not possible, please list the beginning and end dates. Attach additional sheets if needed.)
general categories: 1) mandatory exception information, and 2) discretionary exceptions	egories of information do not have to be released. Exceptions to disclosure fall into two is that make information confidential and require a governmental body to withhold is that allow but do not require a governmental body to withhold information. You may retionary exceptions: <a href="https://www.texasattorneygeneral.gov/open-nformation-under-public-information-act">https://www.texasattorneygeneral.gov/open-nformation-under-public-information-act</a> .
from a requestor. However, a requestor may General's decision. You are not required to a	equired to request a decision from the Attorney General in order to withhold information permit a governmental body to redact information without requesting an Attorney agree to the redaction of any information responsive to your request, but doing so may you agree to redactions in this request, then you may request the redacted information in
Do you agree to the redaction of infection clearly labeled on the information your property of the control	ormation that is subject to mandatory exceptions, provided such redactions are ou received?   Yes  No
Do you agree to the redaction of information     are clearly labeled on the information	ormation that is subject to discretionary exceptions, provided such redactions on you receive?   Yes  No
If the City determines that the requested fi prosecution of a crime, do you still wish to	ile related to an active case and that release would harm the detection, investigation, or request the specified information?
Yes, the City will seek the Attorne	ey General's opinion to keep the information confidential. $\square$ No.
Check the box to indicate your choice:	
I want to come by City Hall to:	I want a copy of the information sent to me via:
pick up copies of the information	☐ Emailed to the email address shown above.
inspect the information	☐ Certified/Return Receipt mail to the address shown above.
I understand my rights, according to the Te and that payment must be made before ob	xas Public Information Act. I also understand that there may be charges for the records staining the documents requested.
	Requestor Signature