City of Live Oak Justice Center 8022 Shin Oak Drive Live Oak, TX 78233 (210) 945-1700 Public Records Request Form

City Official / Department: POLICE DEPARTMENT

Requestor's Name:	Telephone:		
Please Print Address:			
Address: Please print complete mailing address and ph	hysical address City and State		
I understand that: 1) My request is limited to the information and the control of the control o	ation in existence at the time and on the day my request is received. Lestions or create documents to respond to a request pursuant to the if I ask a question, the City will make a diligent effort to determine asive to my question in its records and respond. The ty may be confidential as a matter of law, or may be excluded from the rious provisions of the Texas Public Information Act.*		
Therefore, to assist in processing your reque	est, please choose Option A or Option B below:		
documents/information contained in the Cit to the public pursuant to the Texas Publ documents/information with certain inform fulfilled. I understand that if I am not satisf a new request at any time which includes	ty's records that the City believes is non-confidential and available blic Information Act or any other applicable law. I will accept nation redacted on this basis and consider my request completely fied with the information provided under this basis, that I can make the redacted information and the City will seek an opinion of the the redacted information sought in the new request can be excluded on B.		
documents regardless of whether the City	not agree to limit the scope of my request. I want all available considers the information to be confidential or subject to being e duty to seek an opinion from the Texas Attorney General's Office, of the following:		
	the Texas Attorney General by the City within ten (10) business days d by the City) from the date that the City receives my initial request;		
2) A written brief sent to the Attorney Gerreceived my initial request;	eneral's Office within fifteen (15) days from the date that the City		
	tion of my request if it is vague and ambiguous which will toll est for an opinion from the Texas Attorney General's Office;		
4) A waiting period of up to forty-five (45)) days for the Attorney General's Office to render an opinion from		

the date they receive the written brief. I understand that until an opinion is rendered the City cannot fully respond to my request until a final decision is made by the Texas Attorney General's Office regarding my request. I understand that the Texas Attorney General may rule that the information can or cannot be released and I understand that the City may disagree with the opinion provided by the Texas Attorney General's Office. In such cases, the City may seek a decision from a Travis City District Court or higher court, before records are

PLEASE CONTINUE ON SIDE 2

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Public Records Request Form

I understand that documents/information held by a Court, whether a Justice Court, City Court, or District Court are Judicial Records and are not subject to disclosure pursuant to the Texas Public Information Act. Any request for records made for judicial records will be handled pursuant to the Judicial Records Act and will not be considered a request pursuant to the Texas Public Information Act.

Description of Information Requested	1:		
Case Number:			
Date and Time of Incident/	Accident:		
Location of Incident/Accide	ent:		
Name of One or More Person	on(s) Involved:		
Requestor's Signature:			Date:
Requestor's Email:			
FEES:			
Accident report (Texas Trans Certified copy of report Cost per page standard size up		5) additional	\$6.00 each \$2.00 each \$.10 / page
Nonstandard sizes USB Flash drive	10 0.3 X 14		\$.55 / page \$6.00 each
CD and DVD Personnel Cost for more than : Postage	50 pages		\$5.00 each \$15.00 / hour Actual Cost
Ç		Tot	ral Charges:
Notes/Comments:			
Office use (revised 08/30/24) LOPD #109			COMPLETED
Fees waived in accordance with procedures:	Yes No		
Released by:	Date:	Case	e No.