CITY OF CLEVELAND

PUBLIC RECORDS REQUEST FORM

www.clevelandtexas.com
Office (281) 592-2667
Fax (281) 592-6624
907 E. Houston St.
Cleveland, TX 77327

The City of Cleveland complies with Chapter 552 of the Texas Government Code. As a matter of law, some information is not covered under the public information legislation or is subject to a specific exception. Public information maintained by the City at the time of the request that is not otherwise exceptional by law will be copied and/or made available for inspection. If an Attorney General's Opinion is requested to determine of requested information is public, you will be notified within ten (10) days of receipt of the request.

Exclusions per Chapter 552 of the Texas Government Code, the City is prohibited from releasing some types of information. In an effort to expedite your request, categories of information may be excluded/redacted from the requested records such as, dates of birth, driver's license, social security number, license plates, criminal history, medical information, a victim of sexual assault/harassment information or information relating to a pending investigation or prosecution.

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands, schedules and the type of information requested, the disclosure of records may take the time allowed by law which is ten (10) working days.

Charges for public records are governed by the Texas Building and Procurement Commission. Subchapter F of the Public Information Act, Sections 552.261 through 552.275 generally provides for allowable charges for copies of, and access to, public information.

Return the completed form to the City Secretary's Office, designated as the City's Officer for Public Information:
Email: citysecretary@cleveland.texas.gov
Deliver: Cleveland City Hall, 907 E. Houston St. Cleveland, TX 77327
Mail: ATTN City Secretary, City of Cleveland, 907 E. Houston St. Cleveland, TX 77327

Please PRINT clearly. Required fields are marked with an asterisk (*).

*Name: _____ *Phone Number: _____

*Mailing Address: _____

*Email Address: _____

Company / Organization: _____

*Specific Description of Request, include names, dates, resolution/ordinance/case number, etc.:

_____
_____
_____
_____
_____
_____
_____
_____

Date of Request: _____ Signature of Requestor: _____

CITY OF CLEVELAND USE ONLY BELOW

Date Received: _____ Received By: _____ Approved: Yes ___ No ___

If Approved, Date Due to Requestor: _____ Signature of PIO: _____