



Travis County Emergency Services District No. 6

Lake Travis Fire Rescue

15516 General Williamson Dr, Austin TX 78734

Office: 512-266-2533 Fax: 512-266-7065

www.ltfr.org

Request for Information

Name: _____ Agency/Business: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of Travis County Emergency Services District No. 6:

[] Building Fire [] Vehicle Fire/Collision [] Medical [] Other _____

At (location) _____ Street Number Street Name (Note: if at intersection, indicate both street names)

Run Number _____ Date Occurred (Mo/Day/Year) _____ Time _____

Other Additional Information: _____

_____ I wish a copy of the requested information. I understand that I will be charged \$5.00 per report. Information copied onto nonstandard-size paper, cassette tapes or computer disks and photographs will require additional charges.

_____ I will pick up the copies. Please call me at _____ when they are ready.

_____ Please bill me and mail the copies to _____ I understand that postage and shipping will be added to the charge of the report.

_____ I do not want copies, but wish only to inspect the requested information. Please call me at _____ to schedule a time when the records will be available.

I understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that Travis County Emergency Services District No. 6 has ten (10) business days in which to request such determination.

Requester's Printed Name _____

Requester's Signature _____

Date _____

Office Use Only

Table with 2 columns and 3 rows for office use only tracking: Date Received, Date Forwarded to Legal, Employee Releasing Information, Employee Receiving Information, Date Released, Other.