



Public Information Request

Corpus Christi Animal Care Services

2626 Holly Rd., Corpus Christi, TX 78415
Custodian of Records, Animal Care Services
Phone: 361-826-4630
Email: acsopenrecords@cctexas.com

Your request will be reviewed and a response provided within 10 business days.
Fees shall be assessed to recover all costs related to reproduction of public information requested.

Section One: Requestor Information

Name: _____ Phone Number: _____
Organization (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____ Email Address: _____

Section Two: What records are you requesting?

Name of person involved: _____
Additional person involved: _____
Location of incident: _____ Date of incident: _____
Activity report/Bite case number (if known): _____

Describe the exact documentation you are requesting. Include any details that may help us locate the documents. The City is under no obligation to answer any written questions or create any document in response to an open records request.

Section Three: Confidential Information (Check box for expedited request)

Please be advised that confidential information is often included in documents held by the City of Corpus Christi and the City of Corpus Christi Animal Care Services. The City may not be able to release this information. The Texas Public Information Act (codified at Texas Gov't Code Chapter 552) requires a governmental entity to request an open letter ruling from the Texas Attorney General prior to withholding information that is confidential. The Attorney General's Office has 45 days to respond to a request for an open letter ruling. Please check the box below if you are willing to receive only non-confidential information and expedite this request.

Please provide me only non-confidential information. I understand that some records may be redacted to withhold confidential information. This confidential information includes, but is not limited to: all Social Security numbers, driver's license numbers, vehicle license plate and VIN, all witness information and suspect, victim, and complainant confidential information.

Signature of Requestor: _____ Date: _____

For Office Use Only

Intake Date received: _____	Legal Processing Information released: _____
Employee: _____	Information redacted/ withheld: _____
Responsive Information _____	Information under review: _____