



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please print all information:

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

Name _____ **Phone** _____

Address _____

City _____

State _____ **Zip** _____

Name & Date & Description of Requested Record

*I give permission to redact any information that is confidential
Pursuant to Section 552.130(a) of the Texas Government Code
(Open Records Act).*

Signature of Applicant

Date of Request

Signature of Recipient

Date of Receipt

*****Do Not Write Below This Line – For Office Use Only*****

Staff Comments

Review by Town Attorney ___ Yes ___ No

Ruling from Attorney General ___ Yes ___ No

Date Submitted to Attorney General _____

Returned from Attorney General _____

Approved for Disclosure by Attorney General _____ Yes _____ No

Forward To

Reviewed By

Released By _____

Fees Due _____

Pages _____

Date Approved _____

Date Disclosed _____