



CITY OF HIGHLAND HAVEN
510-A Highland Drive
Highland Haven, Texas 78654-8269
Phone: 830-265-4366 Fax: 512-366-9721

Date of Request: _____

Public Information Act Request # _____

Min. Date Due by: _____

(Top Portion for Office Use Only)

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PLEASE COMPLETE THE INFORMATION LISTED BELOW:

Requester's Name

Street Address

Apt. No.

City

State

Zip Code

Mailing Address (if different from above)

Apt. No.

City

State

Zip Code

Telephone No.

Fax No.

Email:

Please list the **records** that you are requesting. List specific dates, if possible. If this is not possible, please list beginning and ending dates.

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(Bottom Section for Office Use Only)

Action Taken: _____

Cost: _____ Paid Ck #: _____ Date: _____ Info Dlv'd to requestor: _____

Citizen/Agent Signature receiving requested information _____