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)

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.

_____

_____

_____

_____

(Bottom Section for Office Use Only)

Action Taken: _____

_____

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

Citizen/Agent Signature receiving requested information _____