



Public Information Request

Requestor Name: _____ Telephone Number: _____

Email Address, if applicable: _____ Fax Number: _____

Name of Business/Firm, if applicable: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Detailed description of requested record(s):

I am requesting: _____ Paper Copies _____ Electronic format

NOTE: A fee may be applicable as allowed by the Public Information Act, Section 552.061(a).

Requestor's Signature: _____ Date: _____

For Office Use Only

Tracking No. _____

Routed to: _____ Department: _____

List of Records Provided or Explanation if No responsive information

Release Authorization: _____ Date: _____
