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Request for Disclosure of Public Records

Date: _____

PLEASE PRINT OR TYPE ALL INFORMATION

This office will notify you when you will be able to pick up your requested information. A fee for the request will be charged.

Name:	Phone:
Address:	
State:	Zip:

List of Information Requested in detail.

Date

Signature of Applicant

Date Rec'd

Recipient Signature

RETURN FORM TO: CITY SECRETARY
 206 W. Grand St
 Whitewright, Texas 75491
 (903) 364-2219

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Staff Comments:

Prepared By: _____ Date: _____

Released By: _____ Date: _____