



Request for Disclosure of Public Records

Date: _____

pages
Fee per page
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Total Due

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: _____