

PUBLIC INFORMATION ACT REQUEST FORM

Please Specify County Department:

Requestor Information:

Name:

Company:

Email Address:

Street Address:

City:

State:

Zip:

Request Date:

Description of the Information Requested

(Note: Describe the information as precisely as you can.)

Please notify me if copying costs exceed: \$

The Texas Public Information Act requires that we "promptly produce" the requested records within ten (10) business days, unless we seek an opinion from the Texas Attorney General's Office. If we expect a significant delay in responding to this request, we will contact you with information about when you should expect copies or the ability to inspect the requested records.

If we deny any or all of this request, we will cite each specific exemption we feel justifies the refusal to release the information and notify you of the appeal procedures available to you under the law.

PLEASE FILL OUT ALL FIELDS BEFORE SUBMITTING REQUEST