



**CITY OF ANGLETON, TEXAS
PUBLIC INFORMATION REQUEST**

PLEASE COMPLETE THE FOLLOWING INFORMATION TO REQUEST A RECORD OR DOCUMENT FROM THE CITY OF ANGLETON.
(TYPE OR PRINT):

Person Requesting Information: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

DESCRIPTION OF INFORMATION REQUESTED (Provide as much information as possible to accurately describe the information and/or document(s) you are requesting):

I understand my rights according to the Texas Public Information Act. I also understand that court/judicial records are excluded from the Act. Furthermore, I understand there may be charges for any of the items listed above and that payment must be made before I obtain the items requested.

_____ REQUESTING TO: RECEIVE COPIES INSPECT DOCUMENTS
REQUESTOR SIGNATURE

OFFICE USE ONLY RECEIVED BY: MAIL FAX EMAIL IN PERSON DATE RECEIVED: _____ TIME RECEIVED: _____ AM/PM

Department: _____ Sent to: _____

Notes: _____

PENDING APPROVAL FROM: MUNICIPAL COURT JUDGE CITY ATTORNEY TEXAS ATTORNEY GENERAL'S OFFICE

DATE SUBMITTED: _____

REQUEST: APPROVED DENIED

DOCUMENTS DELIVERED BY: FAX EMAIL US MAIL PERSON ON _____ # OF PAGES _____

DOCUMENTS INSPECTED ON: _____

TOTAL COST \$ _____

ATTACH A COPY OF THE RECEIPT