



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all records for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

Name:	Phone:
Address:	
City	State
Zip	
E-Mail:	

DATE, NAME & DESCRIPTION OF REQUESTED RECORD:

(For accident reports: State law requires the name of at least one party involved AND either the date or location of the accident.)

____/____/____	_____	____/____/____	_____
Date of Request	Signature of Applicant	Date Received	Signature of Receipt

***** DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY *****

Staff Comments:

Prepared by: _____ **Date & Time disclosed to Requester:** ____/____/____ : _____

Cost Estimate: _____ **Pages:** _____ **Hours:** _____ **Time**

Fee Due: \$ _____ **Fee Paid:** \$ _____ **Fee Paid on:** ____/____/____

Category: _____ **Released by:** _____

Forwarded to C.S.O. on: ____/____/____ **Reviewed by:** _____

Requires Review by City Attorney: Yes No **Date submitted:** ____/____/____

Requires ruling from Attorney General: Yes No **Date submitted:** ____/____/____

ATTORNEY GENERAL Ruling: Release No Release **Date of Ruling:** ____/____/____

RETURN FORM TO: City of Waller Attn: City Secretary, Cynthia Ward P.O. Box 239 Waller, Texas 77484
 E-Mail: cward@wallertexas.com or FAX No. (936) 372-3477