TOWN OF VAN HORN
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests 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	TELEPHONE
ADDRESS	

DATE, NAME, AND DESCRIPTION OF REQUESTED RECORD.

** I give permission to redact any information that is confidential pursuant to Section552.130(a)of the Texas Government Code (Public Information Act).

_____ Date: _____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

PREPARED BY:		DATE DISCLOSED TO REQUESTOR
FEES:	# OF PAGES	RELEASED BY:

REVIEWED BY:	DATE FORWARDED TO CITY CLERK:

NECESSARY FOR REVIEW BY CITY ATTORNEY: YES NO
REQUIRES RULING FROM ATTORNEY GENERAL: YES NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL: