REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

101 N. Main Street
Electra, TX 76360
Phone: 940-495-2146 Fax: 940-495-3025

Please use this form to request records from the City of Electra. Every effort is made to expedite all requests for disclosure of public records; however, due to personal demands and schedules, there are incidents when the disclosure of records may take the full amount of time allowed by law.

PLEASE PRINT ALL INFORMATION

NAME:	PHONE:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

To avoid delays in responding, be specific with your request and include names, addresses, inclusive of dates, times, and places. Please complete the form below; incomplete request cannot be filled properly.

DETAILED DESCRIPTION OF REQUESTED RECORD(s):

(CHECK ONE) (a) _____ ☐ I request paper copies
REQUIRED (b) _____ ☐ I request only to view at City Hall
(c) _____ ☐ Other (please explain in detail below)

_____

_____

_____
SIGNATURE OF REQUESTOR

TO BE COMPLETED BY THE CITY

DATE RECEIVED: _____

DATE DISCLOSED TO REQUESTOR: (DATE/TIME/NAME) _____

FEE DUE: _____ FEE PAID: _____ RELEASED BY: _____