



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: _____ / _____ / _____ : _____	Time
Cost Estimate: \$ _____	Pages: _____	Hours: _____
Fee Due: \$ _____	Fee Paid: \$ _____	Fee Paid on: _____ / _____ / _____
Category: _____		Released by: _____
Forwarded to C.S.O. on: _____ / _____ / _____		Reviewed by: _____
Requires Review by City Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date submitted: _____ / _____ / _____
Requires ruling from Attorney General:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date submitted: _____ / _____ / _____
ATTORNEY GENERAL Ruling:	<input type="checkbox"/> Release <input type="checkbox"/> 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.gov or FAX No. (936) 372-3477