

TEXAS PUBLIC INFORMATION ACT INFORMATION REQUEST FORM

Today's Date: _____

Requestor Contact Information

Name: _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Description of the Information Requested (Note: Describe the information as precisely as you can.)

[illegible]

Please Note: If the information requested is unclear or if a large amount of information is requested you may be contacted to discuss clarifying or narrowing your request. There may be charges associated with production of the requested information.