

Request for Disclosure of Public Records

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Total Due

PLEASE PRINT OR TYPE 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:		Phone:		
Address:	:	City:	State:	Zip:
ist of Info	rmation Requested in detail.			
Request	Signature of Applicant	Date Rec'd	Signature of Recipient	
Date	RETURN FORM TO:	CITY SECRETARY 203 S. Broadway St. Bells, Texas 75414 (903) 965-7744		
taff Comn		ELOW THIS LINE -	OFFICE USE ONLY	
Prepared B	By: Disclosure		Date:	
Category: _		ew:		
Reviewed I	Bv:	Bv:		

(PLEASE REMEMBER TO DATE YOUR SIGNATURE)