



Calhoun County Clerk

Anna M Goodman

211 S. Ann St. #102, Port Lavaca, TX 77979

Phone 361/553-4411 Fax 361/553-4420

Official Public Records Disc Request

Date: _____

Name: _____

Company name: _____

Date range requested: _____ through _____

(The clerk's office will not hold or process requests made in advance.)

Number of discs requested: _____

(If requesting more than one month per disc, contact County Clerk for instructions)

Authorized signature of requestor

For office use only

Request received by: _____, Deputy Clerk

Date: _____ at _____:_____.m.

CD mailed on ____/____/2019. By _____, Deputy Clerk

CD picked up on ____/____/2019. By _____

RECEIPT NUMBER: _____ DATE: _____

(Attach receipt to back of request and faxed copy.)