

CITY OF SHOREACRES  
OPEN RECORDS REQUEST

PLEASE PRINT OR TYPE CLEARLY.

\_\_\_\_\_  
Name/Title/Position

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

In accordance with the Texas Public Information Act, Texas Government Code, Section 552, fees may be associated with this request. Should charges exceed \$40.00, the City of Shoreacres will provide the requester with a written itemized statement of estimated charges before any work is undertaken. (Be as specific as possible, including name(s), date(s), case numbers, etc., if known.)

DESCRIPTION OF INFORMATION REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle Option 1 or 2. Some documents are not available electronically.

1. I would like to view this information at City Hall only. I do not need copies of these documents. I understand there is no charge for viewing documents unless the documents are retrieved from off-site.
2. Please prepare copies of the documents requested. I agree to pay all applicable charges.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

For employee use only:

\_\_\_\_\_ # of pages produced \_\_\_\_\_ hrs needed to fill request \_\_\_\_\_ total charge

**For Office Use Only:**

Process by: \_\_\_\_\_

Received Date: \_\_\_\_\_

Return Date: \_\_\_\_\_