



**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.*

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>City</b>	<b>State</b>
	<b>Zip</b>
<b>E-Mail:</b>	

**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 \*\*\*\*\*

<b>Staff Comments:</b>
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**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:**       Yes       No      **Date submitted:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Requires ruling from Attorney General:**       Yes       No      **Date submitted:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ATTORNEY GENERAL Ruling:**       Release       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.com](mailto:cward@wallertexas.com) or FAX No. (936) 372-3477