



City Secretary's Office Date Received <hr/>

**CITY OF SEGUIN
 OPEN RECORDS REQUEST FORM**

Please print or type in the following information

Name of Person Requesting Information (Last name, First name)

Name of Firm or Company representing (if applicable)

Contact Information:

Mailing Address:	City
State:	Zip Code
Phone #:	Cell #:
E-mail address:	

Description of Public Record being requested: (Be specific)

 Signature of Person Requesting Information

 Date

PUBLIC INFORMATION AVAILABILITY (Office Use Only)

The records are () being used () in storage; and are immediately unavailable for inspection. The records you have requested will available for your inspection on:

Date of Response: _____, 20____

Action by Staff (City Attorney Approval as is applicable)

Cost \$ _____ **Copies picked up by** _____ **Date** _____