



P. O. Box 369
Moulton, Texas 77975
(361) 596-4621
Fax: (361) 596-7075

CITY OF MOULTON

Date of Request _____

Open Records Request

Name

Street Address **Apt. No.**

City **State** **Zip Code**

Mailing Address
(if different from above)

City **State** **Zip Code**

Telephone No. **Fax No.**

Please list the records that you are requesting. List specific dates if possible. If this is not possible, please list beginning and ending dates.

- For City Use Only

Requester's Name _____

Date request received _____

Deadlines for Action: _____

If the public information is open, reply to the citizen by _____

If there is a question as to whether the public information are open, query the Attorney General by _____

Date the request was sent to depts. _____

NOTE: SEND THE ORIGINAL TO THE CITY SECRETARY. FILE THE COPY.

Deadline for depts. to reply to the City Secretary _____

Date(s) the departments sent records to the City Secretary. (List each departments' name and date.)

Date the citizen was called to explain extenuating circumstances _____

Called by (staff member's name) _____

Date the information was picked up by the citizen or her/his agent _____

Citizen/Agent Name _____

Information was picked up by me on the above date _____

Signature _____

If there was a question as to whether the information was open:

Date the letter was sent to the Atty. General _____

DEADLINE FOR THE ATTY. GENERAL'S RESPONSE _____

Date of receipt of the Atty. General's reply _____

Date the Citizen was notified of the Atty. General's opinion _____

DATE OF FINAL ACTION ON THE REQUEST _____

PUBLIC INFORMATION FEE: \$ _____ PAID: CK#: _____ DATE: _____

APPROVED BY: _____ DATE: _____

City Administrator