



P. O. Box 369
Moulton, Texas 77975
(361) 596-4621
Fax: (361) 59607075

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