

CITY OF SHOREACRES, TEXAS PUBLIC INFORMATION REQUEST

601 Shore Acres Blvd.
 Shoreacres, Texas 77571
 Phone (281) 471-2244 * Fax (281) 471-8955

All requests must be in writing and directed to City Secretary, at the above listed address or email to dnesbitt@cityofshoreacres.us.

Requestor Identification - (Please type or print legibly)

Name of Requestor	Date:
Address:	
City/State/Zip Code	
Phone Number:	
Email Address:	

Description of Information Requested – Please be as specific as possible, especially dates, time, name.

I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed on the Public Information Fee Schedule and that payment must be made before I obtain my items requested.

Initial on the line to indicate your choice:

I want **to view** the information _____.
 _____ Requestor signature

I want **a copy** of the information _____.

FOR CITY OF SHOREACRES USE ONLY

Received by: Mail Fax In Person Email Date : _____ Time Received: _____

DISPOSITION/DATE:

APPROVED FOR DISCLOSURE: Yes No

- ❖ Emailed: _____
- ❖ Faxed: _____
- ❖ Viewed in person: _____
- ❖ Picked up copies: _____
- ❖ Mailed copies: _____

MUNICIPAL COURT ONLY:

Judge: _____
 Date: _____ Released Records: Yes No

FEE ASSESSED: \$ _____

Sent to Attorney: _____
 AG Opinion requested: _____
 AG Opinion received: _____
 Other Information: _____