

**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 [kmericle@cityofshoreacres.us](mailto:kmericle@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.**

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*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: \_\_\_\_\_