

**CITY OF CONROE  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

NAME:	PHONE:
ADDRESS: ZIP	CITY STATE

**DATE, NAME & DESCRIPTION OF REQUESTED RECORD:**

(For accident reports: The Texas Transportation Code requires at least two of the following: the date of the accident; the specific address where the accident occurred; or the name of any person involved in the accident.)


\_\_\_\_\_ Date of Request      \_\_\_\_\_ Signature of Applicant      \_\_\_\_\_ Date received      \_\_\_\_\_ Signature of Recipient

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

STAFF COMMENTS/ACTION TAKEN:		
PREPARED BY:	DATE DISCLOSED TO REQUESTOR:	
FEES:	PAGES:	RELEASED BY:
Reviewed By:	FORWARDED TO CITY SECRETARY (Date):	

NECESSARY FOR REVIEW BY CITY ATTORNEY:       YES       NO      DATE SENT: \_\_\_\_\_  
 REQUIRES RULING FROM ATTORNEY GENERAL:       YES       NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
DESCRIPTION OF ACTION TAKEN:

PLEASE FORWARD THE ORIGINAL COMPLETED FORM TO: CITY SECRETARY  
 300 West Davis  
 Conroe, Texas 77301  
 PHONE 936/522-3011  
 FAX 936/522-3009