OPEN RECORDS REQUEST

Request for Disclosure of Public Records

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 full time allowed by law.

> PLEASE PRINT / TYPE ALL INFORMATION <

Requestor's Name: _____ **Home/Cell Phone:** _____

Requestor's Company : _____ **Business Phone:** _____

Requestor's MAILING ADDRESS (address to mail information to:) **CITY** **STATE** **ZIP**

→ _____

Business - Email Address: _____

or

Personal - Email Address: _____

DETAILED DESCRIPTION OF RECORDS REQUESTED including address, dates, names. *Use Backside of this form or additional page if needed.

*For Police Department's Accident Reports, The Texas Transportation Code requires at least two of the following: (Fire Department's Incident Reports, also need 1.& 2.:

1. Date of the accident or incident 2. Specific address where the accident or incident occurred 3. Name of any person involved in the accident or incident.

Date of Request _____ Signature of Requestor _____ Date Received _____ Request Received by: (Name & Dept.) _____

SEND COMPLETED FORM

TO: City Secretary
Email: citysecretary@cityofconroe.org
Mailing Address: P. O. Box 3066, Conroe, TX 77305-3066
Physical Address: 300 W. Davis, Conroe, TX 77301
Phone: 936-522-3011 Fax : 936-522-3009

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Staff Comments / Action taken:
Date disclosed to requestor : Email ☐ FAX ☐ USPS ☐ FEDX ☐ UPS ☐ Picked Up ☐ Other
Prepared and released by : Reviewed By
Number Of Pages: Fee Charged:
Completion Date Forwarded To City Secretary: ☑ *By:* *Date:*