



CITY OF WILLS POINT

PUBLIC INFORMATION REQUEST

NAME OF PERSON REQUESTING INFORMATION: _____

NAME OF FIRM OR COMPANY REPRESENTING (IF APPLICABLE): _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

SIGNATURE

THE INFORMATION REQUESTED IS: () BEING USED; () IN STORAGE AND IMMEDIATELY UNAVAILABLE FOR INSPECTION. THE PUBLIC RECORDS YOU HAVE REQUESTED WILL BE MADE AVAILABLE FOR YOUR INSPECTION ON:

DATE: _____
TIME: _____, AM ___ PM ___

INFORMATION REQUESTED ABOVE RECEIVED _____

SIGNATURE

DATE _____ TIME _____, AM ___ PM ___

CITY EMPLOYEE PROVIDING INFORMATION: _____

SIGNATURE

COST: _____ PAID: _____ CHECK NO., _____ CASH _____
(DATE)