

CITY OF WILLS POINT
PUBLIC INFORMATION REQUEST

\$6.00 Fee for Police/Crash Report (Cash, Check, or Credit Card)*

Credit cards will be charged an additional 3%

NAME OF PERSON

REQUESTING INFORMATION: _____ DATE: _____

NAME OF FIRM OR COMPANY

REPRESENTING (IF APPLICABLE): _____

ADDRESS: _____

PHONE: (____) ____ - _____

SPECIFIC DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:

(Please be aware that our response can take up to 10 business days from the date your request is presented to our office).

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 _____