



The City of Wills Point
PO Box 505
Wills Point, TX 75169
903/873-2578 fax: 903/873-5512
www.willspointtx.org

FOR OFFICE USE ONLY
DATE RECEIVED: _____
DUE BY: _____

PUBLIC INFORMATION REQUEST

NAME OF PERSON REQUESTING INFORMATION: _____ **DATE:** _____

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

ADDRESS: _____

PHONE: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

SIGNATURE OF REQUESTOR

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)