

**CITY OF FRIENDSWOOD
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:	CITY	STATE	ZIP

DATE, NAME & DESCRIPTION OF REQUESTED RECORD:

(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)

Date of Request Signature of Applicant_____
Date Received Signature of Receipt

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

STAFF COMMENTS:			
PREPARED BY:	DATE DISCLOSED TO REQUESTOR: (Date/time/name)		
FEE PAID:	PAGES:	FEE DUE: \$	
CATEGORY:	RELEASED BY:		
Forwarded to C.S.O. (Date):	REVIEWED BY:		
NECESSARY FOR REVIEW BY CITY ATTORNEY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REQUIRES RULING FROM ATTORNEY GENERAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DATE SUBMITTED TO ATTORNEY GENERAL:			
DATE RETURNED FROM ATTORNEY GENERAL:			
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL:			
RETURN FORM TO: CITY SECRETARY 910 S. FRIENDSWOOD DRIVE FRIENDSWOOD, TX 77546 PHONE 281-996-3270 FAX 281-482-1634			Entered into CSO DB: Received back in CSO: (Date stamp)