

City of Richmond

Open Records Request Form
(Public Information Act – Texas Government Code, Chapter 552)

FROM:

Name: _____

Date: _____

Address: _____

Telephone No. () _____(Home) () _____(Work)

 () _____(FAX)

TO: CUSTODIAN OF RECORDS FOR THE CITY OF RICHMOND

INFORMATION REQUESTED (Please be specific):

I agree to pay the costs of photocopying, duplicating, the labor costs involved in retrieving information that is not readily available, and the cost of mailing or faxing. If the estimated labor costs exceed \$25.00, I agree to pay the estimated labor costs prior to retrieval of the information.

(Signature)

(Date)

Mail to: City of Richmond
 Open Records Request
 402 Morton
 Richmond, TX 77469

(281) 342 - 5456