



CITY OF RICHMOND

Open Records Request Form

(Public Information Act - Texas Government Code, Chapter 552)

FROM:

Name: _____

Date: _____

Address: _____

Please indicate which method you prefer to be contacted: (Circle)	Telephone No.	() _____	(Home)
		() _____	(Cell)
		() _____	(Work)
		() _____	(Fax)

YOUR EMAIL: _____

TO: CITY SECRETARY, LAURA SCARLATO (281) 342-5456

email: lscarlato@ci.richmond.tx.us, MAIL or HAND DELIVER to 402 Morton St. Richmond, TX 77469

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)