

**CITY OF CONROE
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: The Texas Transportation Code requires at least two of the following: the date of the accident; the specific address where the accident occurred; or the name of any person involved in the accident.)

_____ _____ _____ _____
Date of Request Signature of Applicant Date received Signature of Recipient

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

STAFF COMMENTS/ACTION TAKEN:	
PREPARED BY:	DATE DISCLOSED TO REQUESTOR:
FEES:	PAGES: RELEASED BY:
Reviewed By:	FORWARDED TO CITY SECRETARY (Date):

NECESSARY FOR REVIEW BY CITY ATTORNEY: YES NO DATE SENT: _____
 REQUIRES RULING FROM ATTORNEY GENERAL: YES NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
DESCRIPTION OF ACTION TAKEN:

PLEASE FORWARD THE ORIGINAL COMPLETED FORM TO: City of Conroe Fire Department
 300 West Davis
 Conroe, Texas 77305
 PHONE 936/522-3080
 FAX 936/522-3079