OPEN RECORDS REQUEST

Request for Disclosure of Public Records

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 full time allowed by law.

> PLEASE PRINT / TYPE ALL INFORMATION <

Requestor's Name: _____ **Home/Cell Phone:** _____

Requestor's Company : _____ **Business Phone:** _____

Requestor's MAILING ADDRESS (address to mail information to:) **CITY** **STATE** **ZIP**

→ _____

Business - Email Address: _____
or
Personal - Email Address: _____

DETAILED DESCRIPTION OF RECORDS REQUESTED including address, dates, names. *Use Backside of this form or additional page if needed.

*For Police Department's Accident Reports, The Texas Transportation Code requires at least two of the following: (Fire Department's Incident Reports, also need 1.& 2.:

1. Date of the accident or incident 2. Specific address where the accident or incident occurred 3. Name of any person involved in the accident or incident.

Date of Request	Signature of Requestor	Date Received	Request Received by: (Name & Dept.)

SEND COMPLETED FORM

TO: City Secretary
Email: citysecretary@cityofconroe.org
Mailing Address: P. O. Box 3066, Conroe, TX 77305-3066
Physical Address: 300 W. Davis, Conroe, TX 77301
Phone: 936-522-3011 Fax : 936-522-3009

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Staff Comments / Action taken:							
Date disclosed to requestor :	Email	FAX	USPS	FEDX	UPS	Picked Up	Other
Prepared and released by :			Reviewed By				
Number Of Pages:	Fee Charged:						
Completion Date Forwarded To City Secretary: ☑ *By:*				*Date:*			