



CITY OF HALLSVILLE
PUBLIC INFORMATION REQUEST

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NO.: () _____

**NAME OF FIRM OR COMPANY
REPRESENTING (if applicable):** _____

TODAY'S DATE _____

TIME OF REQUEST: _____, AM PM

**INDICATE PREFERENCE: A COPY OR VIEWING/INSPECTING THE
RECORD(S):** _____

**DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:
(Attach additional information if needed.)**

I understand I am responsible for any applicable charges as a result of this open records request.

SIGNATURE

PUBLIC INFORMATION AVAILABILITY

THE RECORDS ARE: AVAILABLE; IN USE OR IN STORAGE AND ARE NOT IMMEDIATELY AVAILABLE FOR INSPECTION OR COPYING. REQUESTOR WILL BE NOTIFIED WHEN RECORD(S) ARE AVAILABLE.

Request Received By: _____ **Date:** _____

Date Submitted to Responsible Party of Records: _____

Responsible Party of Records: _____

Action by Responsible Party of Records: _____

Date Responsible Party Notified Requestor of Availability: _____

Signature and Date Requestor picked up request: _____

Responsible Party of Records Signature: _____