



CITY OF KINGSVILLE
 CITY ATTORNEY'S OFFICE
 P.O. BOX 1458
 KINGSVILLE, TEXAS 78364
 361-595-8016 (OFFICE)
 361-592-4696 (OFFICE FAX)
jstorck@cityofkingsville.com



GENERAL OPEN RECORDS REQUEST FORM

1. Applicant information-All sections are to be completed by applicant.

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone NO.: _____ Fax No.: _____

2. Records Requested- Please be specific and describe the records being requested. Attach additional pages if required.

Applicant Signature: _____

Items expressly confidential under law will not be disclosed. Refer to the Public Information Handbook, Part Two, Exceptions to Disclosure, at www.oag.state.tx.us for more information,

Within approximately 10 working days from the date the request is received, you will be notified of the estimated time of availability and the cost associated with your request. If you prefer for your requested information to be mailed, an invoice will be mailed with your requested information.

Copy charges will apply for all Open Records Request information released.

SUBMIT OPEN RECORDS REQUEST BY ANY OF THE FOLLOWING:

VIA EMAIL: jstorck@cityofkingsville.com

VIA FACIMILE: (361)592-4696

MAIL: CITY OF KINGSVILLE

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