



CITY OF KINGSVILLE  
 CITY ATTORNEY'S OFFICE  
 P.O. BOX 1458  
 KINGSVILLE, TEXAS 78364  
 361-595-8016 (OFFICE)  
 361-592-4696 (OFFICE FAX)  
[records@cityofkingsville.com](mailto:records@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](http://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: [records@cityofkingsville.com](mailto:records@cityofkingsville.com)

VIA FACIMILE: (361)592-4696

MAIL: CITY OF KINGSVILLE  
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