CITY OF KINGSVILLE
City Attorney's Office
P.O Box 1458
Kingsville, Texas 78364
Office: (361) 595-8016
Fax: (361) 592-4696
records@cityofkingsville.com

RECEIVED

GENERAL OPEN RECORDS REQUEST FORM

1. Name: _____
   Firm Name: _____
   Address: _____
   City: _____ State: _____ Zip Code: _____
   Phone No. _____ Email: _____
   Fax No: _____
   Preferred Method of Response: □ Email □ Mail □ Fax □ Pick Up

2. **Records Request:** 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.

You will receive a response to your request within **10 business days** from the date the request is received. The 1st business day begins the day **after** the request is submitted. The invoice pertaining to your request will be attached to your response. The invoice may be paid in person at **200 E. Kleberg Ave., Kingsville, Tx 78363 (Municipal Building)** or via mail at the address provided below. If you prefer your requested information to be mailed, an invoice will be mailed with your requested information.

Copy charges will apply to **all** Open Records Request information released, including electronic responses.

Submit open records requests by any of the following:

VIA EMAIL: records@cityofkingsville.com
VIA FACSIMILE: (361) 592-4696
MAIL: **City of Kingsville**
City Attorney's Office
P. O Box 1458
Kingsville, Texas 78364