



City of Royse City
Public Information Request

Date: _____

** PLEASE PROVIDE ADDRESS TO ENSURE RECEIPT OF REQUESTED INFORMATION. FAILURE TO PROVIDE ADDRESS WILL RESULT IN REQUESTED INFORMATION ONLY BEING AVAILABLE TO BE PICKED UP. THE REQUESTED INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. **

Requestor: _____ Phone #: _____
(Name) (Day Time)

Address**: _____
(Mailing)

Representing Firm or Company: _____

Description of Public Record(s) Being Requested – Be Specific
(Example: Specific Subject Ordinances or dates being requested)

Three horizontal lines for describing the public record(s) being requested.

Signature

CITY USE ONLY:

Date of Submission of the Request: _____

Date _____, the records were sent to the citizen.

Or

Date _____, the records were picked up by the citizen or his/her agent.

Signature of Citizen or Agent