

**CITY OF ANAHUAC  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

NAME:	PHONE:		
ADDRESS:	CITY	STATE	ZIP

**DATE, NAME & DESCRIPTION OF REQUESTED RECORD:**

(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)


\_\_\_\_\_ Date of Request    \_\_\_\_\_ Signature of Applicant                      \_\_\_\_\_ Date received                      \_\_\_\_\_ Signature of Receipt

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

STAFF COMMENTS:		
PREPARED BY:	DATE DISCLOSED TO REQUESTOR:	
FEES:	PAGES:	RELEASED BY:
Reviewed by:	Forwarded to C. S. O. (Date):	

NECESSARY FOR REVIEW BY CITY ATTORNEY:     YES     NO  
 REQUIRES RULING FROM ATTORNEY GENERAL:     YES     NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL:

RETURN FORM TO: CITY SECRETARY  
 501 MILLER ST.  
 ANAHUAC, TX 77514  
 409-267-6681 phone                      409-267-6839 fax