


CITY OF SEALY, TEXAS **PUBLIC INFORMATION REQUEST**

405 Main Street * P O Box 517
 Sealy, Texas 77474
 Phone (979) 885-1669* Fax (979) 885-6253

All requests must be in writing and directed to Deputy City Secretary, at the above listed address or email to mbencomo@ci.sealy.tx.us

Requestor Identification - (Please type or print legibly)

Name of Requestor	Date:
Address:	
City/State/Zip Code	
Phone Number:	
Email Address:	

Description of Information Requested – *Please be as specific as possible, especially dates, time, name.*

I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed on the Public Information Fee Schedule and that payment must be made before I obtain my items requested.

Initial on the line to indicate your choice:

I want **to view** the information _____ . _____
 Requestor signature

I want **a copy** of the information _____ .

FOR CITY OF SEALY USE ONLY

Received by: Mail Fax In Person Email Date: _____ Time Received: _____

DISPOSITION/DATE:

- ❖ Emailed: _____
- ❖ Faxed: _____
- ❖ Viewed in person: _____
- ❖ Picked up copies: _____
- ❖ Mailed copies: _____

FEE ASSESSED: \$ _____

APPROVED FOR DISCLOSURE: Yes No

MUNICIPAL COURT ONLY:

Judge: _____
 Date: _____ Released Records: Yes No

Sent to Attorney: _____
 AG Opinion requested: _____
 AG Opinion received: _____
 Other Information: _____