Open Records Request Form

City of San Benito, Texas City Secretary's Office 401 N. Sam Houston, Blvd. San Benito, Texas 78586



City Secretary's Office:	
Date Received:	
Time Received:	_ a.m./ p.m.

(956) 361-3800 (956) 361-3805 facsimile

E-mail: rmcginnis@cityofsanbenito.com

Please complete the information l	below to request a record o	r document from the City of San Be	enito.
Last Name:		First Name:	
Contact Information:			-,
Mailing Address:		City:	
State: Z	Cip Code:	Phone #:	
Fax #:		E-mail:	
☐ I wish	est below: (Provide detaile	Review only ormation at one time. Formation as it becomes available. d information about what type(s) of	'information
requested. I also understand that if notification, my Deposit will be apprecords. I further understand that my information//copies will require an required. In making this request I up or to comply with a standing request accordance with the Public Information.	a deposit was required and oplied to the actual costs. As y request for an Open Record other Open Records Requenderstand that the City is undest for information. I further that the Act, which may require	ticipated costs associated with retrieving I fail to pick-up the requested recording remaining balance must be paid by the salso an Open Record itself. Any rest Form to be filled out and another the ler no obligation to create a document of understand that the information will be a determination, by the Texas Attorn is after the date of this request in which	ds within 10 days of before release of the request for additional 50% Deposit maybe to satisfy my request I be released only in ey General prior to a
		Requester Signature	Date
	For Office Use O	ny	
Deposit Received: \$ Date Requester Notified Information as	Receipt #:	Job Completed by:	
Date Copies/Information Picked Up: _	Balance Paid	: \$ Receipt #	
Copies picked up by:	Staff Mem	ber Initials:	