

**City of Port Neches
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 maximum time allowed by law.

Requestor's Information

Name:

Company or Firm:

Mailing Address:

Telephone Number:

Fax Number:

Email Address:

Information on the Records Being Requested

Date of Records:

Name and Description:

Select One Format Option

***It will be provided in the format you select, if it is available.**

Inspection

Paper Copy

Electronic Copy

Other (Please explain):

For Office Use Only

Requested Received By:

Date:

Time:

Forward to City Secretary

Received by City Secretary (Initials):

Date:

Forward to City Attorney (If necessary)

Date Forward:

Date Returned:

Approved: Yes No

Attorney General's Ruling (If necessary)

Date Submitted:

Date Returned:

Approved: Yes No

Department(s) to Notify

City Hall

Human Resources

Finance

Water Department

Police Department

Fire Department

Public Works

Library

Forward to Department

Received By:

Date:

Information Prepared By:

Date:

Format Prepared In:

No. of pages (if the format is a paper copy):

Department Head Approval of Release:

Date:

Information Reviewed by City Secretary

Reviewed by:

Date:

Fees Associated with Materials for Copies, Labor, Etc.

Amount Due:

Date Paid:

Fees Waived: Yes No

Release of Information to Requestor

Released By:

Date: