

PUBLIC INFORMATION REQUEST FORM

Date of Request: _____

Please place a check in the box for the County Department you wish to address your request.

<input type="checkbox"/>	Compliance and Collections	<input type="checkbox"/>	County Auditor	<input type="checkbox"/>	Court at Law Judge	<input type="checkbox"/>	Constable Pct 1
<input type="checkbox"/>	Commissioner Pct. 1	<input type="checkbox"/>	County Attorney	<input type="checkbox"/>	County Clerk	<input type="checkbox"/>	Constable Pct 2
<input type="checkbox"/>	Commissioner Pct. 2	<input type="checkbox"/>	County Judge	<input type="checkbox"/>	County Sheriff	<input type="checkbox"/>	Constable Pct 3
<input type="checkbox"/>	Commissioner Pct. 3	<input type="checkbox"/>	Magistrate	<input type="checkbox"/>	County Jail	<input type="checkbox"/>	Constable Pct 4
<input type="checkbox"/>	Commissioner Pct. 4	<input type="checkbox"/>	County Auditor	<input type="checkbox"/>	County Tax Assessor	<input type="checkbox"/>	County Treasurer
<input type="checkbox"/>	JP Pct. 1	<input type="checkbox"/>	County Historical Commission	<input type="checkbox"/>	County Elections	<input type="checkbox"/>	Library System
<input type="checkbox"/>	JP Pct. 2	<input type="checkbox"/>	District Clerk	<input type="checkbox"/>	District Judge - 33rd/424th Districts	<input type="checkbox"/>	District Attorney
<input type="checkbox"/>	JP Pct. 3	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Indigent Health Care	<input type="checkbox"/>	Environmental Services
<input type="checkbox"/>	JP Pct. 4	<input type="checkbox"/>	Office of Emergency Management	<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Veterans Services

In accordance with the Texas Open Meetings Act and the Public Information Act, Chapter 551 and Chapter 552, I (type or print) _____ hereby request the following information (provide as much detail as possible):

By my signature herein, I hereby understand that not all government records are subject to the Open Records Act, but I am hereby requesting any or all of the above-specified records which are available for release. I understand that I will be responsible to pay applicable fees as set by law for the requested copies.

***Please Note- in Order to process your request, you must provide your contact information.**

Name of Requestor

Date

Address of Requestor

E-Mail of Requestor

Phone # of Requestor

FAX# of Requestor

MAIL FORM TO: DEPARTMENT (NAMED ABOVE)
220 S. PIERCE
BURNET, TX 78611

FOR INTERNAL USE ONLY	
RECEIVED BY _____	OF _____ DEPT. ON _____ DATE
AT _____ O'CLOCK AM/PM.	