

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

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.

PLEASE PRINT ALL INFORMATION

REQUESTOR'S NAME:	PHONE: _____
	FAX: _____
	E-MAIL: _____
ADDRESS:	CITY STATE ZIP

DETAILED DESCRIPTION OF INFORMATION BEING REQUESTED:

Signature of Requestor

Date of Request

Signature of Recipient

Date Received

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

STAFF COMMENTS:			
PREPARED BY:	DATE DISCLOSED TO REQUESTOR: (Date/Time/Name)		
FEE DUE: \$	PAGES:	FEE PAID: \$	
CATEGORY:	RELEASED BY:		
Date Forwarded to City Secretary's Office:	REVIEWED BY:		
NECESSARY FOR REVIEW BY CITY ATTORNEY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REQUIRES RULING FROM ATTORNEY GENERAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DATE SUBMITTED TO ATTORNEY GENERAL:			
DATE RETURNED FROM ATTORNEY GENERAL:			
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL:			

**RETURN FORM TO: CITY SECRETARY
910 AVENUE C
KATY, TX 77493
PHONE: 281-391-4800
FAX: 281-391-4813
E-MAIL: mbunch@cityofkaty.com**

Entered into CSO DB:
Received back in CSO: (Date stamp)