

**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 (ten business days).

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 PAID: \$	PAGES:	FEE DUE: \$	
CATEGORY:	RELEASED BY:		
Forwarded to C.S.O. (Date):	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
901 AVENUE C
KATY, TX 77493
PHONE: 281-391-4800
FAX: 281-391-4937
E-MAIL: orr@cityofkaty.com**

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