City of Bellaire Request for Public Information

Name:				
Address:				-
Telephone No.: (Daytime No.)				
Facsimile No.:				
Email Address: (Optional)				
Date:				
Under the <i>Goverr</i> requesting a copy				oformation, I (we) am (are)
Signature:				
Texas, complies Part 3, Office of Information, Rul Charge Schedule may need to be	with the the Atto le §70.10 e. A req retrieve	Texas Adminis orney General, O, The Texas Bu uest for public od from storage	strative Coo Chapter 70 uilding and information and could	tion, the City of Bellaire, de, Title 1, Administration, D, Cost of Copies of Public Procurement Commission on dated 2005 and earlier d, therefore, require extraderation in this process.
For Office Use Only:			RETURN FORM TO:	
Department: Date:			Tracy L. Dutton City Clerk/Records Mgmt. Officer	
Return Date: _ Fee Calculation			By Mail	: City of Bellaire 7008 South Rice Avenue Bellaire, Texas 77401-4495
<u>Type</u> 	<u>No.</u>	<u>Amount</u>	By Fax:	
			By Email:	tdutton@ci.bellaire.tx.us