



For inquires, or further information  
please contact the City Secretary:

200 West 2nd St  
Freeport, TX 77541  
Phone: 979.233.3526  
Fax: 979.233.8867  
dmunoz@freeport.tx.us

# Application for Public Information

(Open Records Act Request)

This form is to be given or mailed to each requestor of Open Records.

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Notice to Requestor

The City of Freeport will comply with all provisions of the Open Records Act. Pursuant to the Open Records Act, the City is authorized to charge a fee for the authorized reproduction of requested information. Viewing the documents instead of requesting reproduction may reduce fees. All fees are due and payable prior to the release of information. The City will promptly, and usually not later than ten (10) working days after receipt of the Open Records Request, provide the requested information.

## Records Requested *(Please be specific.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor Signature: \_\_\_\_\_

## Fees

Labor Fee \_\_\_\_\_

Reproduction Fee \_\_\_\_\_

Other \_\_\_\_\_

**Total Fee**            \$ \_\_\_\_\_      Date: \_\_\_\_\_

Requestor Acceptance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by City Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by City Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Date Requestor informed of Reproduction available: \_\_\_\_\_ Initial \_\_\_\_\_

Requestor's Signature of Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Department Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_