



Smith County

Public Information Request Form

Requestor Information - Please Print

First Name: _____ MI _____ Last Name _____

E-mail Address: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Contact Number 1: _____ Contact Number 2: _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspection _____

Date of Request: _____

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please be advised that all appropriate billing charges relating to your request must be paid before your request is delivered.

(The section below is to be completed by the custodian of the requested records and/or information.)

Department Request Involves Notified By: _____ Date: _____

Response to Public Information Request Completed By: _____ Date: _____

Response Delivered to Requestor By: _____ Date: _____

How Was Response Delivered? Pick Up _____ US Mail _____ On-Site Inspection _____

Total Billing Charges Due: _____ (attach back up documentation/fee sheet)

Total Billing Charges Paid: _____ (give documentation to requestor showing paid)

Request Denied By: _____ Pending An Opinion From The Texas Attorney

General's Office - _____ Date _____

Deadline For A.G. Request: _____ (Ten business days from receipt of request for public information.)