



CITY SECRETARY DEPARTMENT
1400 SCHERTZ PARKWAY
SCHERTZ, TEXAS 78154
TEL: 210-619-1030
FAX 210-619-1039

OPEN RECORDS REQUEST

Request No. _____

(For Office Use Only)

Name of Requestor: _____

Address: _____

Telephone Numbers: (Home/Business/Cell) _____

E-Mail Address: _____

Information Requested: (Be very specific) _____

Signature of Requestor

Date

Office Use Only

Distribute to Departments:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Date/Time Received _____ By _____

Date Released: _____ # of Pages _____ Cost: _____

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Note: Please direct all forms to the City Secretary's office.
please sign with your name and include the date/time.

Staff member: if you are receiving the form,
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