

City of Schulenburg Request for Records

Date of Request: _____

Information concerning person and/or organization making request for records(s):

Name: _____

Address: _____

Telephone Number(s): _____

Please describe the record(s) you are requesting:

I am making a request to:

- Inspect the record
- Receive _____ copy(ies) of the record(s)

Signature of person requesting record(s): _____

- Please be informed that the City has ten (10) days to complete the request for records.
- Costs may be charged to the requestor at a rate of \$0.15 per copy.