



City of Schulenburg
Public Information Request Form

Date of Request: _____

Information concerning person/organization making the request for record(s):

Name: _____

Address: _____

Telephone Number(s): _____

Please describe the record(s) you are requesting: _____

I am making a request to:

☐ Inspect the Record(s)

☐ Receive _____ Copy(ies) of the Record(s)

Signature of person requesting record(s): _____

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