

# CITY OF WILLS POINT

## PUBLIC INFORMATION REQUEST

NAME OF PERSON  
REQUESTING INFORMATION: \_\_\_\_\_

NAME OF FIRM OR COMPANY  
REPRESENTING (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

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THE INFORMATION REQUESTED ARE: ( ) BEING USED; ( ) IN STORAGE AND IMMEDIATELY UNAVAILABLE FOR INSPECTION. THE PUBLIC RECORDS YOU HAVE REQUESTED WILL BE MADE AVAILABLE FOR YOUR INSPECTION ON:

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_, AM \_\_\_ PM \_\_\_

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INFORMATION REQUESTED ABOVE RECEIVED \_\_\_\_\_  
SIGNATURE

DATE \_\_\_\_\_ TIME \_\_\_\_\_, AM \_\_\_ PM \_\_\_

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CITY EMPLOYEE PROVIDING INFORMATION: \_\_\_\_\_  
SIGNATURE

COST: \_\_\_\_\_ PAID: \_\_\_\_\_ CHECK NO., \_\_\_\_\_ CASH \_\_\_\_\_  
(DATE)