

CITY OF FULSHEAR
30603 FM 1093, P. O. Box 279
Fulshear, Texas 77441
Phone: 281-346-1796 Fax: 281-346-2556

REQUEST FOR OPEN RECORD INFORMATION

I, _____, request in writing to the City Secretary of the City of Fulshear, Texas,
to _____ review / _____ receive copies of the following public documents:

Requestor Signature

Date

Contact phone number

Requestor: _____ I will pickup

_____ Fax Number: _____

_____ Mailing Address: _____

****Please sign and return to the City of Fulshear, City Secretary's Office.**

FOR OFFICE USE ONLY

Request received by

Date received

Date request filled

Cost: \$0.10 Per Page x _____ pages = \$ _____

\$1.00 Per Audio Tape x _____ tape = \$ _____

Total Due \$ _____

Receipt # _____

Information picked up by:

Date