



APPLICATION FOR INFORMATION UNDER TEXAS PUBLIC INFORMATION ACT

TO THE CUSTODIAN OF RECORD FOR HENDERSON COUNTY:

PRINTED NAME OF APPLICANT: _____

ADDRESS: _____

PHONE # (OPTIONAL): _____ EMAIL ADDRESS: _____

DATE OF REQUEST: _____

DOCUMENTS REQUESTED FOR INSPECTION: (Please describe below the documents you request to inspect and/or copy, or attach a separate page to this form.)

DO YOU WANT COPIES OF THESE RECORDS: (Circle One – YES/NO) If yes please note that the cost of copies will be charged in accordance with the authorized charges set by the Comptroller of Public Accounts, generally being \$.10 per page. YES NO

APPLICANT'S SIGNATURE

I ACKNOWLEDGE THAT I HAVE VIEWED THE DOCUMENTS DESCRIBED ABOVE FOR WHICH I REQUESTED INSPECTION.

DATE: _____ APPLICANT'S SIGNATURE: _____

PUBLIC INFORMATION OFFICER TO COMPLETE UPON RECEIPT OF REQUEST FOR PUBLIC INFORMATION

REQUEST APPROVED BY: _____ DATE: _____

DATE OF INSPECTION: _____ AMOUNT CHARGED: _____

REQUEST DENIED BY: _____ PENDING AN OPINION FROM THE TEXAS AG'S OFFICE

DATE: _____