



CITY OF PORT ARANSAS
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OPEN RECORDS REQUEST FORM

*This is a request under the **Texas Open Records Act**, chapter 552 of the Government Code (formerly V.T.C.S. article 6252) as well as Article I, Sec. 8 of the Texas Constitution, The First Amendment to the United State Constitution, the common law of the State of Texas and any statute providing for the public access to government information.*

Requestor's Name: _____ Date Requested: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Work Telephone #: _____

Specify Exact Information Requested: _____

Requestor's Signature: _____

OFFICIAL USE ONLY: Request received by: _____ Date: _____
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Original form and copy of information requested shall be given to city secretary for City records.