



115 S.W. 1<sup>ST</sup> STREET, P.O. BOX 460, MINERAL WELLS, TX 76068

TELEPHONE: 940-328-7702 FAX: 940-328-7704

[recordsrequest@mineralwellstx.gov](mailto:recordsrequest@mineralwellstx.gov)

## PUBLIC RECORDS REQUEST

BY \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

DOCUMENTS REQUESTED (PLEASE WRITE LEGIBLY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN WHAT FORMAT WOULD YOU LIKE THE INFORMATION?

PAPER COPY \_\_\_\_\_ DVD \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_ OTHER \_\_\_\_\_

### FOR OFFICE USE ONLY

REQUEST REFERRED TO \_\_\_\_\_

OF THE \_\_\_\_\_ DEPARTMENT ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INFORMATION RECEIVED IN THE CITY CLERK'S OFFICE ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTIFIED PETITIONER ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME OF NOTIFICATION \_\_\_\_ :

### STATEMENT OF RECEIPT

I verify that I received the above named documents on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_ :

No. of pages \_\_\_\_\_

Cost \_\_\_\_\_

Paid \_\_\_\_\_