

**CITY OF DALHART
PUBLIC INFORMATION REQUEST**

DATE _____

THE INFORMATION REQUESTED MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED. SHOULD THIS OCCUR, THE INFORMATION WILL BE RELEASED AT THE EARLIEST POSSIBLE TIME. THE INFORMATION REQUESTED MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION.

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY: _____

ADDRESS: _____

MAILING ADDRESS: _____
(If different from above)

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

Please list the records you are requesting. List specific date, if possible. If this is not possible, please list beginning and ending dates.

Signature

APPROVAL FOR RELEASE OF PUBLIC RECORDS

DEPARTMENT _____

DATE _____