

TEXAS PUBLIC INFORMATION ACT REQUEST

Today's Date/Time: _____

Calhoun County Offices
C/O Calhoun County Clerk's Office
211 S. Ann St
Port Lavaca, TX. 77979
361.553.4411 Phone
361.553.4420 Fax

Agency information is being requested from: _____

Requester Name / Agency: _____

Mailing Address: _____

Telephone #: _____

(Please Circle One) Home/Cell/Work

E-mail Address: _____

Fax #: _____

I prefer to be contacted by: (must choose one)

Postal mail at the mailing address above

E-mail at the e-mail address above

Faxing to the fax # above

Dear Public Information Act Officer:

Under the Texas Public Information Act, chapter 522 of the Government Code, I request the following (please specify as clearly as possible what information is sought (i.e...dates, times, addresses, names etc):

Sincerely,

(Requestor's Signature)

Calhoun County will produce records in accordance with the timelines of the Texas Public Information Act. Please be advised that some of the records you may receive could contain information that has been redacted in strict accordance with the requirements of the Texas Attorney General. The Texas Attorney General can be reached at 1-877-673-6839.

