CITY OF STEPHENVILLE
Public Information Request

Date of Submission of Request _____

Office of the City Secretary
298 West Washington, Stephenville, TX 76401
Telephone: 254.918.1212
Fax: 254.918.1207

Open Records Request

****

Name

_____

Street Address

_____

City, State Zip Code

_____

Mailing Address (If different from above)

_____

City, State Zip Code

_____

Telephone Number **Fax Number** **Cell/Pager Number**

_____

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

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_____

FOR OFFICE USE ONLY:
DATE OF RESPONSE:
PHOTOCOPYING:
POSTAGE:
COST:
OTHER:

_____
Signature of Person Making Request

CITY OF STEPHENVILLE

By _____