

City of Simonton

INFORMATION REQUEST FORM

Requestor's Na Mailing Addres City, State, Zip Telephone:	ss:	
_	ption of Information Sought:	
(Check one)	(a) I request paper copies	
	(b) I request digital copies emailed	
	(c) I request only to view at City Ha	11
	(d) Other (please explain in detail)	
	ies) My request excludes any information confidential by law.	
Requestor Signature Date		Date
For completion	by City only	
Disposition: (a)	provided the following information for	viewing:
(b)	(date)provided copies of the following inform	ation:
	\$(fees assessed)	(date)
(c)	sent to Attorney on	(date)
, ,	AG Opinion requested on	
Notes:	AG Opinion(number) received of	on(date
City Official As	signed:	(Signature)