City of Venus

P.O. Box 380
Venus, TX 76084

Office: (972) 366-3348
Fax: (972) 366-3824

# REQUEST FOR OPEN RECORDS

**(All information requested on this form is required for processing.)**

Date of Request: _____

Requested By: _____

Information or records requested: (Be specific, and please remember that this form does not constitute a question and answer forum, but is only useful for retrieving documentation that already exists specific to this request, providing that such documentation is legally available to the public.)

Signature of Requestor: _____

Address of Requestor: _____

Telephone: _____

(For Office Use Only)

Person Receiving this Request: _____

Date this Request was Received: _____

Date Information was Provided to Requestor: _____
(or date City asked for AG Opinion)

Person Responsible for Delivering this Request: _____

Fees Collected: _____