

**APPLICATION FOR PUBLIC RECORDS**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

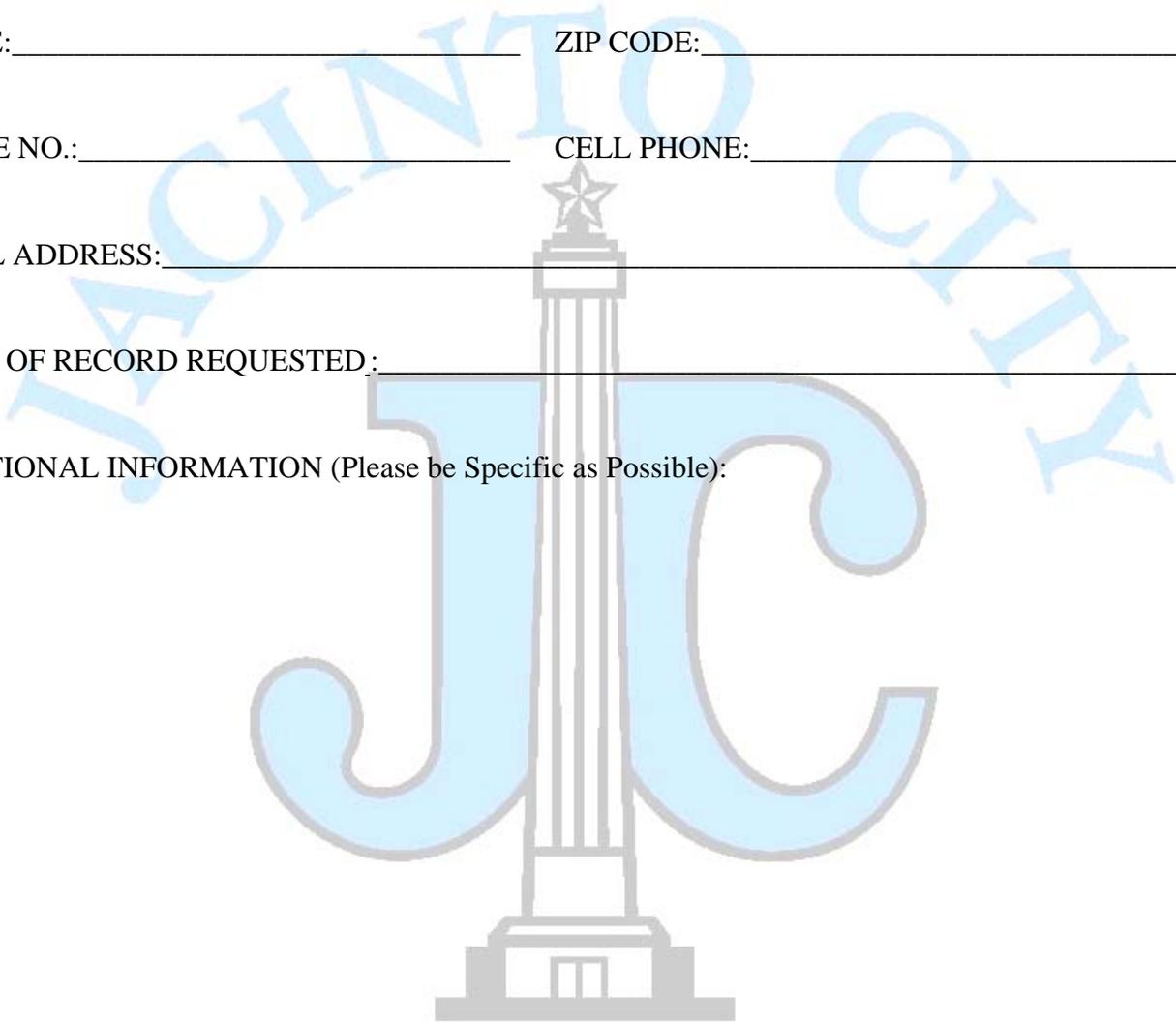
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF RECORD REQUESTED: \_\_\_\_\_

ADDITIONAL INFORMATION (Please be Specific as Possible):



SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**This request can be emailed to: <mailto:joyce.raines@jacintocity-tx.gov> or faxed to: 713-675-8525**