

APPLICATION FOR PUBLIC RECORDS

NAME OF APPLICANT: _____

ADDRESS: _____ CITY: _____

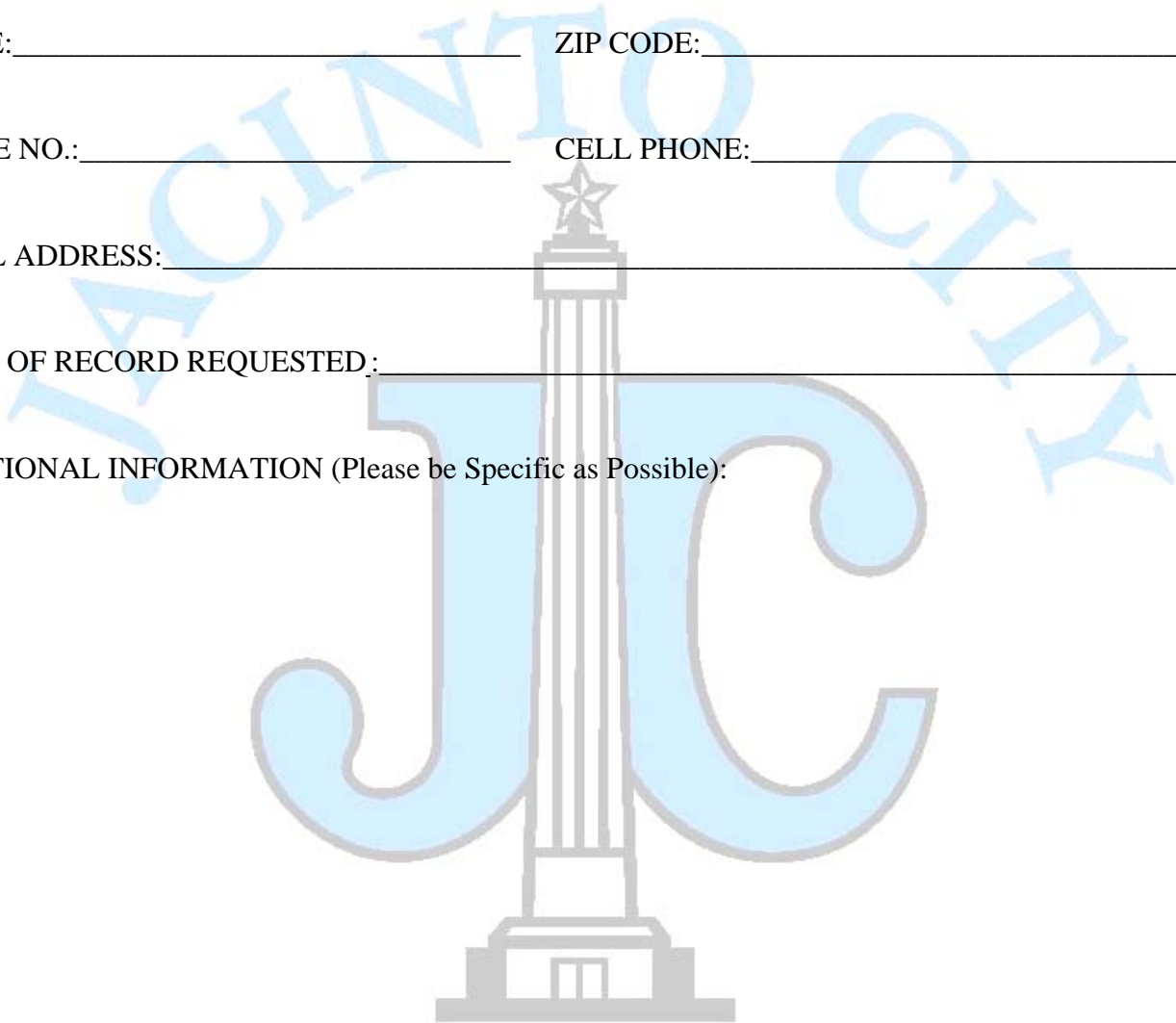
STATE: _____ ZIP CODE: _____

PHONE NO.: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME OF RECORD REQUESTED: _____

ADDITIONAL INFORMATION (Please be Specific as Possible):



SIIGNATURE: _____

DATE: _____

This request can be emailed to: mail to: christal.rodriguez@jacintocity-tx.gov or faxed to: 713-675-8525