



City of Childress

315 Commerce P.O. Box 1087 Childress, TX 79201

Phone: 940.937.3684 Fax: 940.937.6420

OPEN RECORDS REQUEST FORM

Name: _____

Date of Submission: ___/___/___

Phone: _____

Email Address: _____

Mailing Address: _____

Preferred Method of Delivery

Mail Physical Copy

Email Electronic Copy

Describe in detail the public records you are requesting:

Signature

Governmental Entities must respond promptly.

“Promptly” means that a governmental body may take a reasonable amount of time to produce the information, but may not delay.

What constitutes a reasonable amount of time depends on the facts in each case. The volume of information requested is highly relevant to what constitutes a reasonable period of time.

Governmental Entity received this request: ___/___/___

Governmental Entity provided requested documents: ___/___/___

Or

Governmental Entity sought to withhold requested information by asking for ruling from Texas

Attorney General: ___/___/___

Governmental Entity withheld requested information based on prior authorization, notice

sent: ___/___/___