City of Glenn Heights
Public Information Request Application

Date of request: _____

Person Requesting Information: _____

Representing Firm of Company: _____

Address: _____

Day Time Phone Number: _____

Email address: _____

Description of Public Records being requested: _____

_____

_____

_____

_____

The information may or may not be available at the time requested or may not be available for public inspection. Should this occur the information will be released at the earliest convenience.

Signature: _____

Approval for Release of Public Records

Custodian of Records: _____

Date Received: _____

Action Taken: _____

_____

Signature/Date at Time of Pick Up: _____

1938 South Hampton Road ~ Glenn Heights, Texas 75154 ~ Phone 972-223-1690 Fax 972-223-9307