Person Requesting Information: ________________________________

Mailing Address: ____________________________________________
(Street Address or Post Office Box)

(City) ____________________________________________
(State) ____________
(Zip Code) ____________________________

(Telephone) ____________________________________________
(email) ____________________________________________

Name of Firm or Company
Represented (If Applicable): ________________________________

Date of Request: ____________________________
Time of Request: ____________________________

Description of Public Records Requested: ________________________________

__________________________________________

Signature of Requestor: ________________________________

If the information is not available at the time requested, if there is a cost associated with production of the information, or if an opinion from the Texas Attorney General is needed as to information that may be excepted from disclosure, the requestor will be notified in writing at the above address.

For Completion by City of Livingston:

Date Received: ____________________________
Time Received: ____________________________

Custodian of Records: ________________________________

Name of Person Acting for Custodian of Records: ________________________________

Action Taken: ___________________________________________________________________

_______________________________________________________________________________

APPROVAL MUST BE GIVEN BY THE CITY ATTORNEY OR CITY MANAGER BEFORE RELEASE OF PUBLIC RECORDS.

__________________________  ____________________________
City Manager                     City Attorney