

CITY OF HAMILTON
PUBLIC RECORD REQUEST

PLEASE PRINT CLEARLY

1. NAME OF REQUESTER: _____ PHONE # _____

ADDRESS _____

EMAIL ADDRESS _____

Please indicate:

email to above mail to above will pick up view only at City Hall fax to _____

DATE OF REQUEST _____ TIME _____

INFORMATION REQUESTED: (Please describe the type of information requested. List specific dates it applicable. If not possible, list beginning and ending dates.)

SIGNATURE OF REQUESTER

2. OPEN RECORDS DETERMINATION

I, Ryan Polster, do hereby certify that the information requested is _____ considered as open records to the general Public; is not _____ considered as open records to the general public. If the information is excepted from required disclosure to the general public, it cannot be disclosed. If the information is not excepted from disclosure, it will promptly be provided by City Staff.

CITY SECRETARY

3. COST FOR PROVIDING INFORMATION

Copies	\$ _____
Time	\$ _____
Electronic Medium	\$ _____
Programming of Data	\$ _____
Auto Accident Report	\$6.00

Mail Accident Report Payments: City of Hamilton
POLICE DEPT
204 East Main Street
Hamilton TX 76531
254-386-3810
FAX 254-386-3894
hpd@htxpd.com

or pay by Credit Card
www.hamiltontexas.com