


**CITY OF SEALY, TEXAS** **PUBLIC INFORMATION REQUEST**

405 Main Street \* P O Box 517  
 Sealy, Texas 77474  
 Phone (979) 885-1669\* Fax (979) 885-6253

All requests must be in writing and directed to City Secretary, at the above listed address or email to [bknull@ci.sealy.tx.us](mailto:bknull@ci.sealy.tx.us)

**Requestor Identification - (Please type or print legibly)**

Name of Requestor	Date:
Address:	
City/State/Zip Code	
Phone Number:	
Email Address:	

**Description of Information Requested** – *Please be as specific as possible, especially dates, time, name.*

---



---



---



---

*I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed on the Public Information Fee Schedule and that payment must be made before I obtain my items requested.*

**Initial on the line to indicate your choice:**

I want **to view** the information \_\_\_\_\_ .  
 I want **a copy** of the information \_\_\_\_\_ .

\_\_\_\_\_ Requestor signature

**FOR CITY OF SEALY USE ONLY**

Received by: Mail  Fax  In Person  Email  Date : \_\_\_\_\_ Time Received: \_\_\_\_\_

DISPOSITION/DATE:

- ❖ Emailed: \_\_\_\_\_
- ❖ Faxed: \_\_\_\_\_
- ❖ Viewed in person: \_\_\_\_\_
- ❖ Picked up copies: \_\_\_\_\_
- ❖ Mailed copies: \_\_\_\_\_

FEE ASSESSED: \$ \_\_\_\_\_

**APPROVED FOR DISCLOSURE: Yes  No**

**MUNICIPAL COURT ONLY:**

Judge: \_\_\_\_\_  
 Date: \_\_\_\_\_ Released Records: Yes  No

Sent to Attorney: \_\_\_\_\_  
 AG Opinion requested: \_\_\_\_\_  
 AG Opinion received \_\_\_\_\_  
 Other Information: \_\_\_\_\_