



# Open Record Request



PO BOX 826 / 200 South Main St. Cibolo, TX 78108      210-658-9900      fax 210-658-1687

Name \_\_\_\_\_ Date of Requested \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Open Record Item \_\_\_\_\_

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Signature of Requestor \_\_\_\_\_

Copy Charge: 10 cents per page      11 x 17 size: 20 cents per page

For Office Use Only:

Date Completed \_\_\_\_\_

Customer Signature \_\_\_\_\_

Cost of Copies \_\_\_\_\_

