

CITY OF GUSTINE

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OFFICE OF THE CITY CLERK REQUEST FOR PUBLIC RECORDS

Requestor _____ Date _____

Address _____ Daytime Phone # and Ext. _____

Signature _____ Fax # _____

Specific description of public records requested (list each document, file, or record separately):

+++++BELOW FOR CITY USE+++++

Request received by: Phone Walk-in Mail
 Inter-Department Other E-Mail

Statute Deadline _____ Copy Charge _____ Date Assigned _____

Staff Initials _____ Completion Date _____ Time to Complete _____

Customer Type: Public City Employee Other Government