



CITY OF LITTLE RIVER-ACADEMY

Name: _____
Address: _____
City, State, ZIP Code: _____
Phone Number: _____
Email Address: _____

Date Requested: _____

Request for Public Records

For guidance regarding your rights as a requestor and the public information procedures adopted by this governmental body, you may review the governmental body's notice required under section 552.205 of the Government Code. You can find additional Public Information Act resources on the Office of the Attorney General's website at <http://www.texasattorneygeneral.gov/open-government>

(Provide a detailed description of the records you are requesting, including dates, subjects, or document types if possible.)

I request that the records be provided in the following format (check one):

- ☐ Electronic (email or digital download)
- ☐ Paper copies
- ☐ Inspection only (I will review the documents in person)

I request that the records be mailed or picked up (circle one)

Signature: _____

Date: _____

Printed Name: _____

Office Personnel Signature: _____

Date: _____