

# City of Cameron

## Open Records Request

Attn: City Secretary

P O Box 833 Cameron, TX 76520 254-697-6646

Printed Name	Signature of Application	
Date of Request	Phone Number	
Would you like the information Emailed <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address	
Email Address	City	
Phone Number	State	Zip

Request is:             View Only                       Copies Needed

RECORD(S) REQUESTED
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### COMPLETE THIS SECTION AFTER INFORMATION PROVIDED

I, \_\_\_\_\_  received via email  
 viewed                       received copies, as requested above

Signature

Date of Receipt	Time of Receipt
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### FOR OFFICE USE ONLY

Date of Receipt	Time of Receipt
Person Receiving Request	Person Providing Requested Information
Time Spent	Number of Pages Copied & Amount of Fee Charged

REMARKS
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Attach copy(ies) of record(s) requested and receipt for Xerox copy fee.

Amount	Receipt #	Cash/Check	Date	By
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