

# CITY OF CRAWFORD PUBLIC RECORDS REQUEST

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE CITY SECRETARY'S OFFICE BY EMAIL TO [Cityofcrawford@windstream.net](mailto:Cityofcrawford@windstream.net); OR FAX TO 254-486-8922; OR BY MAIL TO P. O. BOX 7, Crawford, Tx 76638.

NAME OF REQUESTER : \_\_\_\_\_  
MAILING ADDRESS : \_\_\_\_\_  
TELEPHONE AND/OR FAX NO. : \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
SIGNATURE OF REQUESTER : \_\_\_\_\_ DATE : \_\_\_\_\_

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of the City of Crawford, Texas:

List information as specifically as possible, including names, dates and case numbers, if known. Attach a separate sheet to this form if necessary. \*\*If requesting an ACCIDENT/CRASH Report, please complete page 2 of this request form.

---

---

---

---

---

---

---

---

- (Check one) A.  I request copies (charged per TAC guidelines)  
B.  I request only to view records at City Hall  
C.  Other (please explain)

In making this request, I understand the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand the information will be promptly released or the requestor will be notified in writing within 10 days after the request is submitted.

---

---

**City Use Only:**

Date received: \_\_\_\_\_ Employee receiving information: \_\_\_\_\_  
Date/Dept. forwarded to, if applicable: \_\_\_\_\_  
Date released: \_\_\_\_\_ Amount charged: \_\_\_\_\_  
Miscellaneous comments/instructions: \_\_\_\_\_