

# **COUNTY & DISTRICT CLERK'S OFFICE**

## **SOMERVELL COUNTY OPEN RECORDS REQUEST FORM**

*REQUESTS MAY BE MADE IN WRITING AS LISTED DURING NORMAL BUSINESS HOURS (8:00AM TO 5:00PM, MONDAY THROUGH FRIDAY.)*

- **IN PERSON:** 107 NE VERNON ST., GLEN ROSE, TEXAS 76043
- **BY MAIL:** P.O. BOX 1098, GLEN ROSE, TEXAS 76043
- **BY FAX:** 254-897-3233 DURING DAYTIME BUSINESS HOURS (8:00AM TO 5:00PM).
- **VIA E-MAIL:** michelle.reynolds@co.somervell.tx.us

**THIS AGENCY DOES NOT HAVE ELECTRONIC VIEW CAPABILITY FOR REQUESTORS. COPIES ARE PROVIDED FOR VIEW.**

BY SUBMISSION OF THIS DOCUMENT, I AM REQUESTING INFORMATION STATED BELOW. I HAVE PROVIDED SPECIFICS AS TO WHAT INFORMATION I AM SEEKING. I UNDERSTAND THAT SOME DOCUMENTS ARE SUBJECT TO NON-DISCLOSURE UNDER THE TEXAS GOVERNMENT CODE, CHAPTER 552, THE TEXAS PUBLIC INFORMATION ACT, AND OTHER RELATED LAWS. I FURTHER UNDERSTAND THAT THERE MAY BE A FEE CHARGED PER REQUEST TO COVER THE COST OF COPIES OR OTHER REPRODUCTION. THE INFORMATION THAT I AM REQUESTING IS DESCRIBED BELOW.

**PLEASE LEGIBLY PRINT ALL INFORMATION.**

**SPECIFY WHAT INFORMATION IS BEING REQUESTED.**

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**REQUESTOR NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DAYTIME PHONE#:** \_\_\_\_\_

I UNDERSTAND THAT THIS REQUEST WILL BE PROCESSED AS SOON AS POSSIBLE, AND THAT RELEASE OR OTHER RESPONSE WILL BE PROCESSED WITHIN 10 BUSINESS DAYS. IF I HAVE ANY QUESTIONS, I MAY CALL 254-897-4427.

### **FOR OFFICE USE ONLY**

<b>RESPONSE DUE:</b>	<b>REC'D: (DATE-TIME STAMP/INITIALS)</b>
<b>LEGAL REVIEW BY:</b>	<b>FORWARD TO LEGAL:(DATE-TIME STAMP/INITIALS)</b>
<b>PAYMENT: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>CLARIFICATION REQUEST DATE:</b>
<b>RELEASED: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>RELEASED/MAILED: (DATE-TIME STAMP/INITIALS)</b>

**NOTES:**