



**CITY OF NASSAU BAY  
REQUEST FOR DISCLOSURE OF PUBLIC INFORMATION**

Every effort is made to expedite all requests for disclosure of public information; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

**PLEASE PRINT ALL INFORMATION**

Name:		Phone:	
Address:	City:	State:	Zip:

**DATE, NAME & DESCRIPTION OF REQUESTED RECORD**  
(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)


\_\_\_\_\_  
Date of Request    Signature of Applicant                      Date Received    Received By (Staff Member)

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Staff Comments:

Prepared By:	Date Disclosed to Requester: (Name/Date/time)		
Reviewed By:	# Pages:	Fee Due:	Fee Paid:
Released By:			

Necessary for Review by City Attorney:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Requires Ruling from Attorney General:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date Submitted to Attorney General/City Attorney:
Date Returned from Attorney General/City Attorney:
Approved for Disclosure by Attorney General/City Attorney:

**PLEASE RETURN COMPLETED/SIGNED FORM TO:**  
**CITY SECRETARY**  
**1800 SPACE PARK DRIVE, SUITE 200**  
**NASSAU BAY, TX 77058**  
**PHONE 281.333.4211**  
**FAX 281.333.2301**