

City of Willis Police Department

P O Box 436 * Willis, Texas 77378
Phone (936) 856-4039 * Fax (936) 856-5857

Request for Disclosure of Public Records

PLEASE PRINT ALL INFORMATION

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

| | | | | |
|---------|------|---------------------------|----------|--|
| Name | | Phone (Include Area Code) | | |
| Address | City | State | Zip Code | |

Date, Name and Description of Requested Record:

(For accident reports) The Texas Transportation Code requires information for at least two of the following: date of the accident, specific address where the accident occurred or name of any person involved in the accident.

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|------------------------|------|------------------------|------|
| Signature of Applicant | Date | Signature of Recipient | Date |
|------------------------|------|------------------------|------|

(DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY)

| | | | |
|-----------------------------|--------------|------------------------------------|--|
| Staff Comments/Action Taken | | | |
| | | | |
| | | | |
| Prepared By | | Date Disclosure to Requestor | |
| Fees | Number Pages | Released By | |
| Reviewed By | | Forwarded to City Secretary (Date) | |

Necessary for review by City Attorney: No Yes Date Sent: _____
Requires ruling from Attorney General: No Yes Date Sent: _____

| | |
|------------------------------------|-------------------------------------|
| Date Submitted to Attorney General | Date Returned from Attorney General |
| Description of Action Taken | |
| | |

Please Forward the Original Completed Form to Above Address