CITY OF HILL COUNTRY VILLAGE REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT ALL INFORMATION

NAME:	PHONE:	
		ZIP:
		ific as possible) (Attach a second sheet if necessary)
Date of Request		Signature of Applicant
	NOT WRITE BELOW THIS LI	
Requires ruling from City Attorney: _	YES	_NO Date Submitted:
Approved for disclosure by City Attorn	ey:YES _	NO DATE:
Requires ruling by Attorney General: _	YES	NO Date Submitted: NO Date Approved:
Date notification/Cost estimate provided Estimated cost:		
CMRRR#	Date Green Ca	ard Returned to City Hall:
FEES PAID:	DATE DISC	CLOSED:
METHOD OF DELIVERY:		
(Via	first class mail, certified	d mail (record CMRRR#), picked-up at City Hall, etc.)