

CITY OF JAMAICA BEACH

P.O. BOX 5264
JAMAICA BEACH, TEXAS 77554
PHONE 409-737-1142 • FAX 409-737-5211



PUBLIC INFORMATION REQUEST

NAME OF PERSON
REQUESTING INFORMATION: _____

NAME OF FIRM OR COMPANY
REPRESENTING (IF APPLICABLE): _____

DATE AND TIME OF REQUEST: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

SIGNATURE OF PERSON REQUESTING INFORMATION

DATE

APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

DATE RECEIVED: _____ ROUTED TO: _____

ACTION TAKEN: _____

NOTE: APPROVAL MUST BE GIVEN BY THE DEPARTMENT HEAD, THE CITY ADMINISTRATOR OR THE CITY ATTORNEY.

DEPARTMENT HEAD

DATE

CITY ATTORNEY

DATE

CITY ADMINISTRATOR

DATE