



CITY OF JAMAICA BEACH

5264 JAMAICA BEACH
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): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

SIGNATURE OF PERSON REQUESTING INFORMATION

DATE & TIME

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