



# 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