



## OPEN RECORDS REQUEST

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[www.pecostx.gov](http://www.pecostx.gov)

DATE \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WOULD YOU PREFER: (Please Check One)

E-MAIL  PHYSICAL COPY  MAILED OUT

I AM REQUESTING A COPY(S) OF THE FOLLOWING DOCUMENT(S), IN ACCORDANCE WITH THE OPEN RECORDS ACT:

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I HAVE RECEIVED INFORMATION REQUESTED

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SIGNATURE