



OPEN RECORDS REQUEST

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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:

I HAVE RECIEVED INFORMATION REQUESTED

SIGNATURE