

**CITY OF NEDERLAND  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

NAME	TELEPHONE
ADDRESS	

**DATE, NAME, AND DESCRIPTION OF REQUESTED RECORD.**

(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)


\*\*I give permission to redact any information that is confidential pursuant to Section 552.130(a) of the Texas Government Code (Public Information Act).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Request

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**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**


PREPARED BY:	DATE DISCLOSED TO REQUESTOR:
FEES:	# OF PAGES:
	RELEASED BY:

Reviewed By:	Date Forwarded to City Clerk:
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NECESSARY FOR REVIEW BY CITY ATTORNEY: YES NO  
 REQUIRES RULING FROM ATTORNEY GENERAL: YES NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL: