

# OPEN RECORDS REQUEST

## BOARD OF DIRECTORS GALVESTON COUNTY CONSOLIDATED DRAINAGE DISTRICT

In accordance with the provisions of the Open Records Act, I hereby request copies of the following records:

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SIGNATURE

\_\_\_\_\_  
(Name - please print)

\_\_\_\_\_  
(Daytime phone number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

Note: The Open Records Act is very lenient in what it considers public information; however, the "Act" does not require nor does time permit this office to do general research, so please be specific in your request.

Due to time constraints and the routine day-to-day functions of our offices, we may be unable to produce the record you have requested immediately. If such is the case, you will be notified by phone or in writing of the time you may pick up your documentation within 10 business days.

While it is the intent of this office to furnish requested data in a straightforward manner, occasionally a requested item may not be considered a matter of public record. In these instances, we will seek the advice of our Attorney and you will be notified of a possible delay in processing your request.

STAFF USE

Notified: \_\_\_\_\_ Picked up: \_\_\_\_\_ Cost: \_\_\_\_\_

MAILED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

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