



CITY OF WAXAHACHIE, TEXAS
REQUEST FOR PUBLIC INFORMATION

DATE OF REQUEST: _____

NAME: Please circle one (Mr., Mrs., Ms.) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

PLEASE LIST ALL DOCUMENTS THAT YOU ARE REQUESTING
{be specific regarding dates, time period, and name(s)}

Signature

Please complete the Request for Public Information form and submit by fax (469-309-4003); e-mail (Isaunders@waxahachie.com); mail to City Secretary's Office, City of Waxahachie, P.O. Box 757, Waxahachie, TX 75168; or deliver to City Hall, 401 S. Rogers Street, Waxahachie, Texas 75165.

To be Completed by City of Waxahachie

Request Number: _____ Date Mailed: _____

Number of copies: _____ Date Picked Up: _____

Amount Due: _____ Receipt No: _____