



For inquiries, or further information
please contact the City Clerk:

108 E Main St
PO Box 997
Clute, TX 77531
Phone: (979) 265-2541
Fax: (979) 265-4551
soakes@ci.clute.tx.us

Application for Public Information

(Open Records Act Request)

This form is to be given or mailed to each requestor of Open Records.

Requestor Name: _____ Date: _____

Address: _____ Phone: _____

Notice to Requestor

The City of Clute will comply with all provisions of the Open Records Act. Pursuant to the Open Records Act, the City is authorized to charge a fee for the authorized reproduction of requested information. Viewing the documents instead of requesting reproduction may reduce fees. All fees are due and payable prior to the release of information. The City will promptly, and usually not later than ten (10) working days after receipt of the Open Records Request, provide the requested information.

Records Requested *(Please be specific)*

Requestor Signature: _____

Fees Labor Fee _____

Reproduction Fee _____

Other _____

Total Fee \$ _____ Date: _____

Requestor Acceptance Signature: _____ Date: _____

Reviewed by City Secretary: _____ Date: _____

Reviewed by City Attorney: _____ Date: _____

Date Requestor informed of Reproduction available: _____ Initial _____

Requestor's Signature of Receipt: _____ Date: _____

Department Submitted to: _____ Date: _____