



City of Livingston Public Information Request

200 West Church St.
Livingston, Texas 77351

Tel: (936) 327-4311
Fax: (936) 327-7608

Person Requesting Information: _____

Mailing Address: _____
(Street Address or Post Office Box)

(City) (State) (Zip Code)

(Telephone) (email)

Name of Firm or Company
Represented (If Applicable): _____

Date of Request: _____ Time of Request: _____

Description of Public Records Requested: _____

Signature of Requestor: _____

If the information is not available at the time requested, if there is a cost associated with production of the information, or if an opinion from the Texas Attorney General is needed as to information that may be exempted from disclosure, the requestor will be notified in writing at the above address.

For Completion by City of Livingston:

Date Received: _____ Time Received: _____

Custodian of Records: _____

Name of Person Acting for Custodian of Records: _____

Action Taken: _____

APPROVAL MUST BE GIVEN BY THE CITY ATTORNEY OR CITY MANAGER BEFORE
RELEASE OF PUBLIC RECORDS.

City Manager

City Attorney