

City of Whitesboro Open Records Request

Date: _____

Person Requesting Records:

Name: _____ Phone: _____

Address: _____

Signature: _____

Records Requested:

Request Reviewed By: _____ Approved Disapproved

Reason for Disapproval: _____

Approximate Cost: _____

Released by: _____ Date: _____

The City of Whitesboro has ten days to reply to this request of the above requested records. If the cost will exceed \$40 the requestor will be presented an estimate before the request is fulfilled.