Milam County
Texas Public Information Act Request

Requestor's Name: ____________________ Date: ____________________

Mailing Address: ____________________ Phone: ____________________

Reference #: ____________________

Email Address: ____________________

This is a request under the TEXAS PUBLIC INFORMATION ACT, CHAPTER 552 of the Government Code (formerly V.T.C.S. article 6252) as well as Article I, Sec. 8 of the Texas Constitution, the First Amendment to the United States Constitution, the common law of the State of Texas and any statute providing for public access to government information. I hereby request the following information currently existing in the records of MilAM COUNTY, TEXAS: (Provide detailed information about what type(s) of information and/or documents you want to receive)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand my rights according to the TEXAS PUBLIC INFORMATION ACT. I also understand there may be charges for the records and that payment must be made before I obtain the records requested.

Check the box to indicate your choice.

_____ I want to come by Milam County Clerk's Office and pick it up

_____ I want a copy of the information sent to me via:

_____ Email to the email address shown above

_____ Regular mail to the address shown above

_____ Faxed to ____________________

In making this request, I understand that MILAM COUNTY is under no obligation to create a document to satisfy my request or comply with a standing request for information. I further understand that the information will be released in accordance with the PUBLIC INFORMATION ACT, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that MILAM COUNTY has ten (10) business days in which to request such a determination and/or comply with this request.

______________________________
Requestor Signature