

## Milam County Texas Public Information Act Request

publicinforequest@milamcounty.net

Requestor's Name:	Date:
Mailing Address:	Phone:
	Reference #:
Email Address:	
(formerly V.T.C.S. article 6252) as well to the United States Constitution, the public access to government informati	LIC INFORMATION ACT, CHAPTER 552 of the Government Code as Article I, Sec. 8 of the Texas Constitution, the First Amendment common law of the State of Texas and any statute providing for ion. I hereby request the following information currently existing CAS: (Provide detailed information about what type(s) of ant to receive)
Be charges for the records and that pa	re TEXAS PUBLIC INFORMATION ACT. I also understand there may syment must be made before I obtain the records requested.
Check the box to indicate your choic	e.
I want a copy of the information	sent to me via: Will pick up in person at a designated location
Email to the email address sho	wn above Regular mail to the address shown above
Waiver:	
	request the opinion of the Attorney General on your open records g on these matters and can take over 45 days to address this request.
numbers, financial account numbers o	nnot release all the information; such as dates of birth, driver's license or other personal/private information which I have requested without exas Attorney General; I agree to accept the basic information they
document to satisfy my request or con understand that the information will b which may require a determination as	nat MILAM COUNTY is under no obligation to create a mply with a standing request for information. I further be released in accordance with the PUBLIC INFORMATION ACT, to confidentiality by the Texas Attorney General prior to AM COUNTY has ten (10) business days in which to request with this request.

**Requestor Signature**