

completed.

## CITY OF BIG SPRING OPEN RECORDS REQUEST FORM

TO:	OFFICE OF THE CITY SECRETA	ARY				
	310 Nolan Big Spring, TX 79720	Date Received				
	Phone # - 432-264-2514	Date Received				
	Fax # - 432-263-8310					
	E-mail dmoore@mybigspring.com or tdavis@mybigspring.com					
Date S	Submitted:	Contact Phone No.:				
Name	of Requestor:					
Indica	ate your preferred avenue to receive a	response to your request (based on availability).				
Addre	ess:	If records are mailed, cost of postage will be added to total charges.				
If reco	ords are available electronically,	E-Mail: Fax:				
Reque	estor will pick up at City Secretary's C	Office:				
Descr	iption of information requested (pleas	e be specific):				
FOR C	OFFICE USE ONLY:					
Date of	Response:email, or hard copy (circle one)					
ру тах,	eman, or nare copy (encie one)					
Amoun	at charged for copies (if applicable):	<u></u>				
	at charged for labor (if applicable):					
Raturn	this form along with any backup to the Cit	ty Sacratary's Office after the open records request is				