

**CITY OF BROWNFIELD
PUBLIC INFORMATION REQUEST**

Date of Submission of Request _____

Office of the City Clerk
201 W. Broadway
Brownfield, TX 79316
Telephone: 806.637.4547
Fax: 806.637.9369

Open Records Request

.....
Name _____

Street Address _____

City, State, Zip Code _____

Mailing Address (if different from above) _____

City, State, Zip Code _____

Telephone Number _____

Fax Number _____

Beeper Number _____

Please list the records that you are requesting. List specific dates if possible. If this is not possible, please list beginning and ending dates.

FOR OFFICE USE ONLY:
DATE OF RESPONSE:
PHOTOCOPYING:
POSTAGE:
COST:
OTHER: