

NORTHEAST BURNET COUNTY FIRE AND RESCUE BCESD 8
PUBLIC INFORMATION ACT INFORMATION REQUEST FORM

Date of request: _____

In accordance with the Texas Open Meetings act and the Public Information act, Chapter 551 and Chapter 552, I (type or print) _____ hereby request the following information (provide as much detail as possible):

By my signature herein, I hereby understand that not all government records are subject to the Open Records Act, but I am hereby requesting any or all of the above-specified records which are available for release. I understand that I will be responsible to pay applicable fees as set by law for the requested copies.

***Please Note: In order to process your request, you must provide your/the requestor's contact information below.**

Full Legal Name _____

Physical Address _____

Email Address _____

Phone Number _____

Fax Number _____

SIGNATURE _____ **DATE** _____

MAIL FORM TO: Northeast Burnet County Fire/Rescue
PO Box 399 Briggs, TX 78608

EMAIL FORM TO: nebcfire@gmail.com

For Internal Use Only

RECEIVED BY _____ OF _____ DEPT.

ON _____ DATE

AT _____ O'CLOCK AM/PM.