

**PUBLIC RECORDS REQUEST
CITY OF LA PORTE**

Name of Requesting Party _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Request _____ Time of Request _____ m.

Submitted Email/City Website Drop Box

Email of Requesting Party _____

Signature of Requesting Party _____

Name of Department having records (if known) i.e. Police, Building, Fire/EMS, Public Works

Records Requested. Please be specific

I would like a copy of this request sent to my Home Email

CITY OF LA PORTE USE ONLY

Request Received By _____ Department _____

Date and Time Received _____

Acknowledged Receipt (Legal Department use only) _____ Email/City Website _____ Telephone
_____ Letter _____ Drop Box

