PUBLIC RECORDS REQUEST CITY OF LA PORTE

Name of Requesting Part	у				
Address					
CityStateZip					
Telephone	Date of Request		Time of Reque	st	_m.
Submitted Email/	City Website Drop Bo	ox	-		
Email of Requesting Part	y	100	Darly.		
Signature of Requesting l	Party				
Name of Department hav	ing records (if known) i.e. Pol	ice, Building,	Fire/EMS, Public	Works:	
Records Requested. Plea	se be specific.	'Alle	E 1/	Call	
11/97/	THE PARTY	177	F 100	1 1 1 1 1 1	
	The same of the sa	-655		12.71	
11-51	2.30	LIS-		I bed I	
11 6 3 7 11		R	17/	Hell	
	Comment,	//		1001	
11 11 11	1 30	NAS.	M 94.	11 11	
11 11 11		الالماء ا	1		
11 11 20 1	(-III IAM	100	13P/	55 / N	
11 11	Total Street	900	6		
10 11	05 110	0 15.0	11-		
11 11	6 B		15	7/11	
I would like a copy of thi	s request sent to my Ho	omeE	mail		
	SVI DI	T 100	100/		
	CITY OF LA POI	RTE USE O	NLY		
Request Received By		Department			
Date and Time Received					
Acknowledged Receipt (I	Legal Department use only) _	Email/C	City Website	Telephone	
		Letter		Drop Box	