The Latit	Angelina County Public Information Request
County Department :	
Requestor's Name:	Date:
Mailing Address:	Phone:
Email Address:	
This is a written request under the Texas Public Information Act, Chapter 552 of the Government Code. I hereby request the following information currently existing in the records of Angelina County, Texas: (Provide detailed information about what type(s) of information and/or documents you want to receive) **	
	CTED version of the information Yes No (Please check one)
copies and that a charge for la standard size paper, cassette	f the requested information. I understand that I may be charged for abor may be included for larger requests. Information copied onto non tapes, computer disc, photographs and other medium will require s must be paid at the time of delivery. An estimate of the charges will be
I will pick up the copies. V	Vhen the information is ready, you can notify me by:
Email	or Letter via Postal Service
to satisfy my request or to con the information will be release determination as to confidentia	rstand that Angelina County is under no obligation to create a document nply with a standing request for information. I further understand that d in accordance with the Public Information Act, which may require a ality by the Texas Attorney General prior to release. I further understand (10) business days in which to request such a determination and/or to

Requestor Signature

^{**} This form should not be used for requesting public records and court case records on file with the county or district clerks. Requests for those type documents should be made in person at the appropriate clerk's office.