



REQUEST FOR PUBLIC INFORMATION

Name: _____

Date Requested: _____

Street Address _____

City/State/Zip _____

Phone No. _____

Fax No. _____

Email Address _____

How do you prefer to receive the results of the request? Please check one: Mail Fax Email

Information Requested (please be specific)

In making this request, I understand that the District is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released on in accordance with the Public Information Act, Government Code 552, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that HMW Special Utility District has 10 working days from the date of the request in which to solicit such a determination.

Requestor's Signature: _____