



# City of Garden Ridge

9400 Municipal Parkway  
Garden Ridge, Texas 78266-2366  
(210) 651-6632  
Fax (210) 651-9638

## OPEN RECORD REQUEST

Person requesting information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Representing: \_\_\_\_\_

Requested from which Department: \_\_\_\_\_

Describe information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:**

1. If the information requested is not immediately available, you will be notified of a time to obtain the information within ten days.
2. Original copies of records may not be removed from City offices.
3. The fee for copies of documents is \$0.10 per sheet.
4. Information requested in compiled form might require you or City staff to research uncompiled records.

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### FOR CITY USE ONLY

Employee receiving request form: \_\_\_\_\_

Date received: \_\_\_\_\_

Information supplied: \_\_\_\_\_

Employee: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_