

## **OPEN RECORDS REQUEST**

Please fill out the Open Records Request form below to request public information. The City of Columbus accepts Open Records Requests in any legible format; this form is intended to be a guide to help expedite requests.

\*Retain a copy of this form for your records. Call 979-732-2366 for questions about this form.

Please input your contact information below. Required fields are marked with an asterisk (\*).

Open Records Requests should contain the following information:

* Name:		
Company/Organization:		
* Mailing Address:		
* City:	* State:	* Zip Code:
* Phone Number:	Fax Number:	
E-Mail Address:		
* Provide information about t	the records being requested (Pla	ease be as specific as possible).
-		of the exceptions to disclosure listed in the Public Information the exceptions. Some types of information that may be kept
• Private, personal information such	as certain financial or medical informati	on;
Certain law enforcement information	on, which may include the identity of inf	formers;
• Complainant's identity;		
• Some information related to ongoin	ng litigation;	
• Proprietary information submitted	by regulated entities;	
• Confidentiality of certain personal i	information maintained by a municipalit	ty pertaining to a minor;
<ul> <li>Attorney-client (privileged)</li> </ul>		
Once the City of Columbus receives y	our payment, we will supply you with	the documents requested.
Signature		 Date