



## Medina County Elections Department

1300 Avenue M, Rm 108

Hondo, TX 78861

Phone: (830) 741-6009

Fax: (830) 741-6007

### PUBLIC INFORMATION REQUEST FORM

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

Requestor's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Select:      Paper \_\_\_\_\_      Email \_\_\_\_\_      CD \_\_\_\_\_      USB \_\_\_\_\_

Format:      PDF \_\_\_\_\_      Excel \_\_\_\_\_      CSV \_\_\_\_\_

I am requesting the following public information records and understand the fees for the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_



I understand that I have requested public information that may not be shared or used to advertise or promote commercial products or services.

The attached form must be signed, along with complete address, telephone number and email address, if applicable. Some requests may require a deposit. I understand that all fees must be paid in full prior to receiving any information I have requested.

I understand that I will be contacted when my request is ready.

Requestor's Name: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_