

COMANCHE COUNTY ELECTIONS OPEN RECORDS REQUEST

Phone: 325-356-4005 **Fax:** 325-356-4006

Email: elections@co.comanche.tx.us

Signature of person receiving request

Mail: 215 N Houston St Comanche, Tx 76442

Date

Request for examination, inspection, and/or copies of public information from Comanche County Elections must be in written form. You may use this form, send an email with all the requested information, or provide a hand written request delivered to our office, sent by fax, or email.

Our office will provide the information requested in accordance with Section 552.221 of the Texas Government Code.

Person requesting information:			
Telephone #:			
Mail Address:	City:	Zip:	
Specific description of item (s) requested:	:		
How would you like to receive your reque	est? Paper	Electronic	
Format requested: CSV PDF	Other:		
Associated Fees: Include charges for time put on a flash at your request may not be page is \$1.00 and each additional page is \$2.00-\$5.00 for Binder, Electronic & Ema exceed \$50.00 production and labor cost, original request. All associated cost must	e readable. There is no s \$.10 (ten cents). Pap hil \$10.00, & Flash Driv , you will be given an e	charge for the first 9 poer \$.10 per page after yes \$20.00. Should your estimate within ten (10)	ages, the tenth 9 pages + request
Response to your request will be provided	d under the guidelines	of the Texas Open Rec	ords Act.
Signature of person requesting		Date	<u> </u>

Total amount due	
Cash or Check	
Completed by:	
Date Completed	