



**COMANCHE COUNTY ELECTIONS**  
**OPEN RECORDS REQUEST – CAMPAIGN FINANCE REPORTS**

**Phone:** 325-356-4005

**Fax :** 325-356-4006

**Email:** [elections@co.comanche.tx.us](mailto:elections@co.comanche.tx.us)

**Mail:** 215 N Houston St

Comanche, Tx 76442

Request for examination, inspection, and/or copies of public information from Comanche County Elections must be in written form. Please use this form for your request. You may email, fax, or mail the form to our office.

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:

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How would you like to receive your request? \_\_\_\_\_ Paper \_\_\_\_\_ Electronic

Format requested (PDF is the only option we offer): PDF \_\_\_\_\_

**Associated Fees:** Include charges for time and supplies used. Purchase may NOT be returned. Data put on a flash at your request may not be readable. **There is no charge for the first 9 pages, the tenth page is \$1.00 and each additional page is \$.10 (ten cents). Paper \$.10 per page after 9 pages + \$2.00-\$5.00 for Binder, Electronic & Email \$10.00, & Flash Drives \$20.00.** Should your request exceed \$50.00 production and labor cost, you will be given an estimate within ten (10) days of your original request. All associated cost must be paid in advance prior to the production.

Response to your request will be provided under the guidelines of the Texas Open Records Act.

\_\_\_\_\_  
Signature of person requesting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person receiving request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Total amount due:

\_\_\_\_\_  
Cash or Check

\_\_\_\_\_  
Completed by:

\_\_\_\_\_  
Date Completed