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PUBLIC RECORDS REQUEST

Please describe the records requested and provide any additional information to help locate the records as quickly as possible. Use appropriate documentation, title, date and location of record, if known.

Please **PRINT** All Information

Records Received by:

Copy (may include copying costs)

Electronic File

Viewing Only

Requested by:

Name: _____ Date: _____

Company/Organization: _____

Mailing Address:

Phone: _____ Email: _____

Received Date:

Printed Name: _____

Signature:

Signature/ Title of City Representative: _____