



CITY OF SUNRISE BEACH VILLAGE

Life is Better at the Beach!

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SUNRISEBEACHTX.GOV

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Open Records-Public Information Request

Printed

Name of Requestor: _____

(Last Name

First Name

Middle Initial)

Identify Department:

(Select only one
department per request)

City Hall

Police

Personnel/Payroll

Court

Address: _____

Phone Number: _____

Alternate Number: _____

E-mail (if any): _____

Description of Information Requested:

Provide as much detail as possible INCLUDE DATES if possible:

Please note: The City has 10 business days to respond to your request to either provide the records and/or provide an explanation as to approximate date/time as to when the records may be reproduced. There are fees affiliated with all requests subject to Ordinance guidelines.

OFFICE USE ONLY:

Date Request Received: _____ By whom: _____

Action Taken:

Date Required: _____ Documents Ready: _____

Informed Requestor: _____ Date & Time Requester Picked Up _____ am/pm

Signature/Print Items Rec'vd: _____