

**CITY OF BELTON, TEXAS
REQUEST FOR PUBLIC INFORMATION**

		Date of request:
Name:		
Firm/Company (if applicable):		
Street/Mailing Address:		
City/State/Zip Code:		
Telephone:		Fax:
Email:		
Description of public record(s) being requested:		

Return form to City Clerk, City of Belton, P.O. Box 120 (333 Water Street), Belton, Texas 76513
 Phone: (254) 933-5817 Fax: (254) 933-5822 Email: acasey@beltontexas.gov

To be completed by City of Belton

Amount due: _____ Receipt no.: _____

Date issued/mailed: _____ Processed by: _____