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:**
Description of public record(s) being requested:	

Return form to the City Clerk, City of Belton, P. O. Box 120 (333 Water Street), Belton, Texas 76513
Phone: (254) 933-5817 Fax: (254) 933-5822 Email: ctorres@ci.belton.tx.us

To be completed by City of Belton

Amount due: _____ Receipt no.: _____

Date issued/mailed: _____ Processed by: _____