

**CITY OF HUDSON OAKS**  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS  
PLEASE PRINT/TYPE ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demand and schedules there are incidents when the disclosure of records may take the full 10 business days allowed by law.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Print/type the name or description of the records you are requesting. Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of request

\_\_\_\_\_  
Signature of applicant

**OFFICE USE ONLY**

REQUIRES REVIEW BY ATTORNEY	YES	NO
REQUIRES RULING BY ATTORNEY GENERAL	YES	NO

Date submitted \_\_\_\_\_

Date returned \_\_\_\_\_

Approved \_\_\_\_\_

YES      NO

Date approved \_\_\_\_\_

PROCESSED BY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

RELEASED BY \_\_\_\_\_

DATE DISCLOSED \_\_\_\_\_

FEES if applicable \$ \_\_\_\_\_