

City of Mount Pleasant

**Open Records Request**

501 N. Madison Ave.

Mount Pleasant, Texas 75455-3650

Fax: 903-577-1828

**Please fill out the following information to request a record or document from the City of Mount Pleasant.**

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Contact Information:**

At least one method of contact must be filled in to respond to your request.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

**I request**            \_\_\_\_\_ Inspection Only

                         \_\_\_\_\_ Copies of the following records

Please state your document request below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be filled in by City

Date Request Received by the City: \_\_\_\_\_