

**Kaufman County Constables Office Pct. 2
Public Information Request**

Date _____

PLEASE PRINT ALL INFORMATION

Person Requesting Information: _____

Phone Number: _____

State specifically the type of information you are releasing (Department):

I understand that the information will be released only in accordance with the Public Information Act, which may require a determination by the Texas Attorney General prior to release. I further understand that the Kaufman County Constables Office Pct. 2 has ten (10) business days to respond or request such a determination.

I, the undersigned, have received a copy of the following record(s) from the Kaufman County Constables Office Pct. 2.

Signature of Person Receiving _____ Date _____

Signature of Person Releasing _____ Date _____

