

# REQUEST FOR PUBLIC RECORDS FORM



B R O W N S V I L L E  
**PUBLIC UTILITIES BOARD**

**Return Completed Form To:**

Brownsville PUB Officer for Public Information  
P. O. Box 3270, Brownsville, Texas 78523-3270

1425 Robinhood Drive, Brownsville, Texas 78521

Fax Number: (956) 574-6112

Email Address: [openrecords@brownsville-pub.com](mailto:openrecords@brownsville-pub.com)

This form may be used to request public information. Such request will be handled as per the Texas Public Information Act. This form is for your convenience. If using own personal letter, the request must include all of requestor's information noted below. BPUB will make every effort to promptly produce all requests for disclosure of public records; however, due to personnel demands and schedules, there are occasions when the disclosure of records may take the time allowed by law.

**Record(s) Requested**  **Copies**  **For Review Only**

**Description of Request:**

To Expedite your request, be as specific as possible.

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**Requestor Information:**

Name \_\_\_\_\_

Organization/Company, if applicable (Optional) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Request for Public Records was received on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_.m.  
(Date)

\_\_\_\_\_  
Signature of Person Receiving Request

\_\_\_\_\_  
Printed Name of Person Receiving Request