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REQUEST FOR PUBLIC INFORMATION

(USE OF THIS FORM IS NOT REQUIRED)

Name: _____ Date of Request: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone #: _____

I would like to receive responsive documents by: (select one) __ EMAIL __ U.S. MAIL __ PICK-UP __ INSPECTION

*Delivery of documents by email requires a valid email address listed above; choosing the pick-up selection requires a valid phone number.

PLEASE IDENTIFY REQUESTED INFORMATION. PLEASE PROVIDE A COMPLETE DESCRIPTION SO THAT WE CAN IDENTIFY RESPONSIVE DOCUMENTS: _____

Parties involved:

Last Name	First Name	DOB	DL#	Social Security #	Address

IF APPLICABLE, SELECT FROM THE FOLLOWING AUTHORIZATIONS:

THE PUBLIC INFORMATION VERSION OF DOCUMENTS. I authorize redaction of confidential information, which may include information such as date of birth, information subject to the attorney-client privilege, or information subject to other exceptions under the Texas Public Information Act. Documents are typically provided within 10 business days at no charge unless responsive documents are voluminous. Failure to select this option may result in documents being sent to the Texas Attorney General for a legal opinion regarding their release. It may take 45-60 business days to receive the AG's response.

OTHER. I authorize redaction of the following information: _____

ALL E-MAILED REQUESTS MUST BE SUBMITTED TO MCAO.PIA@MCTX.ORG

SIGNATURE OF REQUESTOR: _____