



AUSTIN COUNTY APPRAISAL DISTRICT REQUEST FOR OPEN RECORDS

REQUESTS CAN BE FAXED TO (979)865-3296

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #s: _____

EMAIL: _____

INFORMATION REQUESTED: *(Please be very specific)*

I REQUEST THE INFORMATION BE SENT IN THE FOLLOWING FORM *(check one)*

_____ EMAIL _____ CD _____ PRINT OUT _____ FTP

IN ORDER TO CORRESPOND WITH THE REQUESTOR, THE NAME, ADDRESS & TELEPHONE # IS REQUIRED. PLEASE BE SPECIFIC IN YOUR REQUEST SO THAT WE MAY PROVIDE YOU WITH ACCURATE INFORMATION. ALL APPLICABLE REPRODUCTION FEES WILL BE CHARGED.

REQUESTS WILL BE COMPLETED WITHIN 10 DAYS OF RECEIPT OF THIS FORM.