PUBLIC INFORMATION RECORD REQUEST FORM

To: Bastrop County _____ Office

Request is hereby made for copies of the following record(s):
(Indicate the document numbers), type of document, dates of interest, and the name on the document. Attach an 8.5"x 11" sheet if necessary.)

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REQUIRED APPLICANT INFORMATION:

Name:

Address:

Phone Number:

Applicant's Signature Date