BASTROP COUNTY



	TATE OF	<i>y</i> .
THE		N.
co	X	
	V OF B	57

Requestor Information:			
Name:	Email:		
Address:	Phone Number	:	
Requestor's Signature		_ Date:_	
Choose one method of delivery for documents re	equested: Mail	E-Mail	Pick up in Person
 Tips for requesting information: 1. Be as specific as possible. 2. Include date ranges if applicable. 3. Keep in mind a public information request is t 4. Do not use this form if you are needing information. 			
Department you are requesting information fr	om:		
Provide details regarding the information you	are requesting:		

Please submit your request by mail, email or in person using the contact information below. If you have questions regarding the public information process, contact:

Bastrop County Public Information Records Clerk
200 Jackson Street
Bastrop, Texas 78602
512-581-4099
Email requests to: public.information@co.bastrop.tx.us