



Medina County Elections Department

1300 Avenue M, Rm 108

Hondo, TX 78861

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PUBLIC INFORMATION REQUEST FORM

Date: _____

Requestor's Name: _____

Contact Number: _____

Address: _____

Email: _____

Select: Paper _____ Email _____ CD _____ USB _____

Format: PDF _____ Excel _____ CSV _____

I am requesting the following public information records and understand the fees for the information.

Requestor's Signature: _____



The attached form must be signed, along with complete address, telephone number and email address, if applicable.

I understand that I have requested public information that may not be shared or used to advertise or promote commercial products or services.

I understand that all fees must be paid in full prior to receiving any information I have requested.

I understand that my request will be considered automatically withdrawn if I do not provide further written notification or paid all fees within ten business days from the date of the last written communication.

Requestor's Name: _____

Requester's Signature: _____