

Mayor Sally Martinez

Commissioner Place 1  
Deborah Ivy

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Office of the City Clerk

**Open Records Request**

Date \_\_\_\_\_

<b>Requestor Name:</b>			
<b>Street Address</b>			<b>APT #</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone #</b>	<b>Email Address</b>		
<b>Records Requested:</b>			
Please be as specific as possible when requesting records and provide record dates if applicable			

**Before signing this document, verify that the content you are signing is correct.**

X

\_\_\_\_\_

Requestor Signature

**For City use only**

**Date of Submission:** \_\_\_\_\_

**Date Records Released:** \_\_\_\_\_

**Deadline for Response:** \_\_\_\_\_

**If there is a question as to where the records requested are open, query the Attorney General by**

\_\_\_\_\_