

**CITY OF NORTH RICHLAND HILLS  
 REQUEST FOR DISCLOSURE OF PUBLIC RECORDS  
 4301 City Point Drive  
 North Richland Hills, TX 76180  
 Fax: 817-427-6707 or E-mail: nrhcourt@nrhtx.com**

Please use this form to request records from the City of North Richland Hills Municipal Court. Requests for police records are to be submitted to the Police Department, Attn: Police Records Manager; Fire and ambulance/medical records shall be submitted to fire Department, Attn: Fire Marshal. All other requests are to be submitted to the City Secretary. In accordance with the Public Information Act, records will be provided within 10 business days unless considered confidential by law. Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

PLEASE PRINT ALL INFORMATION

NAME:	PHONE:	
MAILING ADDRESS:		
CITY:	STATE	ZIP

DATE, NAME & DESCRIPTION OF REQUESTED RECORD(S): (please be specific)

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- (Check one)    (a) \_\_\_\_\_ I request paper copies  
 (b) \_\_\_\_\_ I request only to view at City Hall  
 (c) \_\_\_\_\_ Other (Please explain in detail)

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**I understand that upon approval by the Judge these records will be made available to me promptly. I also understand there is a charge for copies of public records as per the City of North Richland Hills policy.**

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date of Request

***For completion by City only***

CS ID# \_\_\_\_\_

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Responsible Department: \_\_\_\_\_

Response Records Received from Dept: \_\_\_\_\_

Date Disclosed to Requestor: \_\_\_\_\_

Fees: \_\_\_\_\_

Date sent to City Attorney: \_\_\_\_\_

Necessary for Review by City Attorney:  YES  NO

Requires Ruling from Attorney General:  YES  NO

Date Submitted to Attorney General: \_\_\_\_\_

Attorney General Opinion \_\_\_\_\_ (number) received on \_\_\_\_\_

Comments: \_\_\_\_\_