

City of Cisco  
**Open Records Request**  
P.O. Box 110  
Cisco, TX 76437

**Please fill out the following information to request a record or document from the City of Cisco.**

Last Name:	First Name:
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**Contact Information:**

At least one method of contact must be filled in to respond to your request.

Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
Email:		

- I request:**
- Inspection Only
  - Copies of the following records

Please state your document request below:

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\*Judicial Courts have ruled dates of birth to be confidential. Dates of birth, other than your own, will automatically be redacted. If you do not object to the redaction of dates of birth, please initial here or the City of Cisco will be required to ask for an Attorney General's Opinion regarding the legality of withholding the date of birth. \_\_\_\_\_