

## **Open Records Request**

Name:		
Address:		
City:	State:	Zip Code:
Phone:	one: Email:	
In accordance with the Texas Public Informa seq., I am requesting inspection of and/or d Neches River Authority.		
Please be specific in your request:		
I certify that I am the individual named abov	ve and understand the stateme	nts contained herein.
	Signature of Requestor	 Date
Requests can be <b>mailed to:</b> ANRA – Attn: Public Information Officer 2901 N John Redditt Dr Lufkin, Texas 75904	Hand delivered to: 2901 N John Redditt Dr Lufkin, Texas 75904	Emailed to: openrecords@anra.org
	For Internal Use Only:	
Date Received:	Received Via:	
Fees Due:	Fees Paid:	
Date Records Delivered	Delivery Method:	

Form ID: GA – 001 Open Records Request

Revision#: 3 Date: 09/09/2021 Approval: KH