

COMAL APPRAISAL DISTRICT

900 S. SEGUIN AVENUE
NEW BRAUNFELS, TX 78130

Open Records Request

Name of person requesting information: _____

Address: _____

Telephone: _____

Email: _____

Describe the information requested (be specific): _____

Signature _____

Date _____

Note:

- 1. If the information requested is not immediately available, you will be notified of a time to obtain the information within ten days**
- 2. Please refer to Open Records Pricing Sheet for cost**

FOR OFFICE USE ONLY

Date Received: _____

Information Supplied: _____

Method of Delivery: _____

Total Fees: _____

Signature Upon Completion of Request: _____

Date Completed: _____