

## Public Information Request Form

**Requestor Full Name:**

**Organization:**

**Street Address:**

**City/State/Zip:**

**Primary Telephone Number:**

**Cell Telephone Number:**

**Fax Number:**

**E-mail Address:**

**Detailed description of your request:**

**\*NOTE: Certain exceptions to disclosure of public information exist under the Texas Public Information Act to protect against disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an open records opinion will be sought from the Office of the Attorney General regarding your request.**

**You may submit the form by mail, fax, e-mail or in person to:**

**Hadassah Schloss, PIO  
General Land Office  
1700 N. Congress Ave.  
Austin, Texas 78701  
Tel: (512) 463-9072  
Fax: (512) 463-6311  
Email: [pialegal@glo.texas.gov](mailto:pialegal@glo.texas.gov)**