



ISABEL LONGORIA
ELECTIONS ADMINISTRATOR



Please Submit All Requests To: publicinforequest@vote.hctx.net

Public Information Request	
Requestor's Name :	Telephone Number:
Name of Business:	
Email:	
Address: (P.O. Box, Street, etc.)	(City) (State) (Zip Code)
Description of Information:	
Requestor's Signature:	Date:
FOR OFFICE USE ONLY	
Received by:	Date:
Paid/Date	
Processed/Date	
Completed/Date	