



Midland Central Appraisal District  
4631 Andrews Hwy.  
PO Box 908002  
Midland, TX 79708

**Request for Information**

Date: \_\_\_\_\_

\_\_\_\_\_ 1. Inspect

\_\_\_\_\_ 2. Receive copies of the following information:

(List the specific information and the number of copies. Please be specific so the records may be identified)

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If I require copies of these records, I am prepared to pay a reasonable cost for copying the information requested.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_