



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)

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: