



**OPEN RECORDS
REQUEST
(915) 212-0112**

Date: _____

Name: _____

Empl. ID: _____

Address: _____

Address, City, State, Zip Code

*Phone Number: _____

Circle One:
CELL
HOME

SSN (Last Four Digits): _____

*E-Mail Address: _____

Circle One:
BUSINESS
HOME
OTHER

* Agreement: By providing a phone number and/or email address, I authorize the above change of phone number and/or email address be made effective the date of this form.

Preferred Method to Receive Records:

- Pick-up copies
- Regular mail

Specific Record(s) Requested:

- 1099R (Tax Return Document) Year(s) _____
- Income Verification Letter
- Payment Advice (Paystub) Month(s) _____
- Pre/Post Tax Contribution Letter
- Other _____

Additional Comments: *(Please be as specific as possible so your request may be handled as quickly as possible.)*

X _____

Signature

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary

Commission Expires



SOLICITUD DE REGISTROS ABIERTOS (915) 212-0112

Fecha: _____

Nombre: _____

ID de Empl.: _____

Dirección: _____
Dirección, Ciudad, Estado, Código Postal

*Nu. de Telefono: _____ Cel. Casa SSN (Últimos cuatro dígitos): _____

*E-Mail: Negocio Casa Otro _____

* Acuerdo: al proporcionar un número de teléfono y / o dirección de correo electrónico, autorizo que el cambio de número de teléfono y / o dirección de correo electrónico se haga efectivo a partir de la fecha de este formulario.

Método preferido para recibir los registros:

- Recoger copias
- Por correo

Registro específico solicitado:

- 1099R (*Documento de declaración de impuestos*) Año(s) _____
- Verificación de ingresos
- Aviso de pago (*Talón*) Mes(es) _____
- Carta de contribuciones
- Otro _____

Comentarios adicionales: (*Sea lo más específico posible para que su solicitud pueda ser manejada lo más rápido posible.*)

X _____

Firma

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary

Commission Expires