



Case No. _____

Date Request Received: _____

REQUEST FOR SUBPOENA

REQUESTOR'S NAME:	PHONE:
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This request must be received by the City Auditor's Office located at the address above by 5:00 p.m., ten (10) business days prior to the Appeal hearing.

REQUESTOR:	
DATE OF HEARING:	
TIME OF HEARING:	
LOCATION OF HEARING:	
COMPLAINANT:	

WITNESSES

NAME	TITLE	PHONE NO.	MAILING ADDRESS	EMAIL ADDRESS

* Use additional lines on the back if necessary.

DOCUMENTS FOR SUBPOENA

If requesting documents through the subpoena process, indicate where the other party should provide the documents. List requested documents in the section on the back of this form.

Name of Person receiving documents:	
Address (email or physical):	

SIGNATURE

Date

WITNESSES FOR SUBPOENA, CONTINUED

NAME	DEPT	PHONE NO.	MAILING ADDRESS	EMAIL ADDRESS

DOCUMENTS FOR SUBPOENA

DOCUMENT REQUESTED

Contact the City Auditor's office if you have any questions regarding this form.

**City Auditor
215 E. McKinney St.
Denton, Texas 76201**

(904) 349-8344