



Open Records Request

Date of Request: _____

Person Requesting Information: _____

Address: _____ **City/Zip:** _____

Telephone: _____ **Driver's License Number/State:** _____

Information Requested: (Please be Specific)

There may be a charge for obtaining, copying and providing information. An estimate will be provided if requested.

Signature

I, the requestor, certify that I have received all documents that I have requested in person by the City of Lake Dallas

Sign & Date

For Use by City Personnel Only

Request Received By: _____

Date Request Completed: _____

Cost: _____ **Receipt Number:** _____

How Request was received: In Person () E-mail () Fax () Mail ()

Date Received by City Secretary:

These records are provided in accordance with the Texas Public Information Act, Chapter 552 of the Government Code as well as Article I, Sec. 8 of the Texas Constitution, The First Amendment to the United States Constitution, the common law of the State of Texas and any statute providing for public access to government information.