



City of Lake Dallas
Post Office Box 368 / 212 Main Street
Lake Dallas, Texas 75065
940-497-2226/Fax 940-497-4485

Open Records Request

Date of Request: _____

Person Requesting Information: _____

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

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

Information Requested: (Please be Specific)

Note: All requests received for information will be completed within 10 business days; except for information that may be deemed private in which the City of Lake Dallas reserves the right to submit for an opinion from the Attorney General. 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 by requestor: In Person () E-mail () Fax () Mail ()

Date Received by City Secretary: