



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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Information Requested: (Please be Specific)

Multiple horizontal lines for providing specific information requested.

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: