REQUEST FOR PUBLIC INFORMATION

City of Tolar PO Box 100 105 Pine Lane Tolar, Texas 254-835-4390 254-835-4392 (fax)

PRINT OR TYPE – THIS SHEET IS TO BE FILLED OUT BY REQUESTOR

Date:				
Name:				
Street Address:				
Mailing Address:				
City:	State:		_ Zip Code	!
Telephone No:	F	Tax:		
PLEASE INCLUDE ENOU				
ACCURATELY INDENTIF				
Name of the record(s) that you Specific dates or list beginning	_	_		
Signature: Do you want copies of the in		Yes	No	(there will be a
charged involved)	mormanom;	165	110	there will be a

THIS INFORMATION TO BE FILLED OUT BY CITY STAFF

Requestor's Name:		
Request received on:	by:	
Request forwarded on this date:		
To be handled by:		
If the records are open, information or reply is before the date:		
Attorney General Opinion requested:		
Deadline for Attorney General Opinion:		
Attorney General Opinion received:		
Requestor was contacted by telephone on:	by:	
Requestor was contacted by mail on:	by:	
Reason for contact:		
To request clarification and or further	information regarding the request	
To notify the requestor of estimate of more)	charges (if cost involved is \$40.00 or	
Requestor paid for charges: Yes:	No:	
Requestor refused to pay charges: Yes:	No:	
Records were picked up on:		
By:		
Records were never picked up:		
Date of final action on the request:		