

CITY OF LEONARD
Request for Disclosure of Public Records

pages
Fee per page
Processing Fee
Total Due

PLEASE PRINT OR TYPE ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

Name:	Phone:
Address:	City: State: Zip:

DATE, NAME & DISCRPTION OF REQUESTED RECORD:

(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)

_____ _____ _____ _____
Request Signature of Applicant Date Rec'd Signature of Recipient
Date

RETURN FORM TO: CITY SECRETARY
P.O. BOX 1270
LEONARD, TEXAS 75452
(903) 587-3334

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Staff Comments:

Prepared By: _____ Disclosure Date: _____

Category: _____ ATTY Review: _____

Reviewed By: _____ Released By: _____

(PLEASE REMEMBER TO DATE YOUR SIGNATURE)