

Received by: \_\_\_\_\_  
Fwd to: \_\_\_\_\_  
Date: \_\_\_\_\_

**TOWN OF LAGUNA VISTA**

122 Fernandez Street  
Telephone (956) 943-1793

Laguna Vista, Texas 78578  
Fax (956) 943-3111

**INFORMATION REQUEST FORM**

I the undersigned hereby formally request from the Town of Laguna Vista, Texas, the following items of public information. I hereby comply with any restrictions, covenants, and codicils of the Government code Chapter 552, Open Records Act.

1. State information you are requesting including dates: (information must be specific including dates, case numbers, and person's name):

- Item a) \_\_\_\_\_
- Item b) \_\_\_\_\_
- Item c) \_\_\_\_\_

2. From what Dept/Person are you requesting Information: \_\_\_\_\_

3.  Requesting access to view copies/files only       Requesting actual copies (\$.10 ea)  
 Accident Reports - \$6.00

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City/Zip code

\_\_\_\_\_  
Date of Request

**The City Secretary will present your request to the appropriate department. Once the request copies are ready the City Secretary will call you that the information is ready.**

|                                     |                                |                      |  |
|-------------------------------------|--------------------------------|----------------------|--|
| ** FOR OFFICE USE ONLY **           |                                |                      |  |
| Dept _____                          | Date: _____                    |                      |  |
| Person Providing Information: _____ | Time Spent: _____              | No. of Copies: _____ |  |
| Information Provided:               | \$0.10 per copy X _____ copies | \$ _____             |  |
| Audio Tapes                         | \$1.00 per tape X _____ copies | \$ _____             |  |
| Staff Time                          | \$15.00 per hour X _____       | \$ _____             |  |
|                                     | TOTAL COST                     | \$ _____             |  |