

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		\$ _____