

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        |                      | \$ _____    |