

**Open Records Request Form  
City of Lone Oak**



115 Town Square/P.O. Box 127  
Lone Oak, Texas 75453  
Phone 903-662-5116  
Fax 903-662-5334

**ATTEN: CITY SECRETARY**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Information requested (please be as specific as possible):

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Request to view? \_\_\_\_ Copies Requested? \_\_\_\_ Mailed? \_\_\_\_ Pick up? \_\_\_\_

Applicant Signature: \_\_\_\_\_ Date requested: \_\_\_\_\_

**Please Note:**

All public information will be provided to you for your examination, or copies will be provided, if requested. Please allow ten (10) business days for information to be provided from date of request. If information requested is not readily available, you will be notified when information will be provided. Original records or information may not be removed from city offices. The fee for copies is \$ .10 cents per page for standard size pages (letter and legal size). Additional public record fees may apply for certified copies, non-standard size copies, DVD, or other supplies. (See summary of charges by Attorney General). Information that is not public and is exempt from disclosure under the State Law will not be released until the custodian of the information has received an Attorney General's opinion or Court Order requiring disclosure.

**For City Use Only**

Date Information Supplied: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Paid: \_\_\_\_\_

Information was: Mailed \_\_\_\_ Personally Picked Up \_\_\_\_ Faxed \_\_\_\_ Other \_\_\_\_

Comments \_\_\_\_\_