GATEWAY TO THE BAY
LAGUNA VISTA
TEXAS

Received by: _____

Fwd to: _____

Date: _____

T O W N O F L A G U N A V I S T A

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 to say 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	$ _____