Office of the City Secretary
Open Records Request

Date of Submission Request: _____

Name

Street Address **Apt. No.**

Mailing Address: **Street No.** **Apt. No.** **P.O. Box No.**
(If different from above)

City of Van **State** **Zip Code**

Telephone No. **Fax No.** **Pager No.**

Please list the records that you are requesting. If Possible, list specific dates. If this is not possible please list beginning and ending dates.

P.O. Box 487, Van, Texas 75790-0487

Phone: 903-963-7216
Fax: 903-963-5643

Office of the City Secretary
Open Records Request

For City Use Only

Requestors Name: _____

Date of submission request: _____

Deadlines for Action:

If the records are open, reply to the citizen by: _____
If there is question to whether the records are open, query the Attorney General by: _____

Date request sent to Departments: _____

NOTE: SEND THE ORGINAL TO THE CITY ATTORNEY, FILE THE COPY.

Deadline for Departments to reply to the City Attorney: _____

Date(s) Departments sent records to City Attorney. (List each Dept. Name & Date)

Date _____ called the Requestor to ask for questions or explain extenuating
(Staff Member name)
Circumstances.

Date the records were sent to the requestor: _____
OR
Date the records were picked up by the citizen or his/her agent: _____

NOTE: IF SOMEONE PICKED UP THE RECORDS, ASK THE CITIZEN OR THE AGENT TO SIGN AN AFFIDAVIT STATING.

If there was a question as to whether the records were open: _____

Date the letter was sent to Attorney General: _____

DEADLINE FOR THE ATTORNEY GENERAL'S RESPONSE: _____

Date of receipt of the Attorney General opinion: _____
Date Requestor notified of the Attorney General's opinion: _____

DATE OF FINAL ACTION FOR THE REQUEST: _____