

**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

Applicant Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-mail: _____

Information requested (please be as specific as possible):

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 _____