



P.O. Box 3128 | 205 S. Caddo Street | Cleburne, TX 76033 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

REQUEST FOR PUBLIC INFORMATION

Requestor's Information

Name: _____ Date Requested: _____

Company/Organization (if applicable): _____

Street Address: _____

City/State/Zip: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

Email Address: _____

Preferred method to receive information (email, mail, fax, pick-up at District office): _____

Information Requested: (please be as specific as possible)

In making this request, I understand that the District is under no obligation to *create* a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the *Public Information Act, Government Code Chapter 552*, which may require a decision by the Texas Attorney General prior to a release.

Requestor's Signature: _____

District to Complete

Received By: _____ Date: _____

Date Completed: _____

No. of Pages: _____ Cost: _____ Check No. _____

Authorized Signature: _____