

208 Kimberly Dr | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

REQUEST FOR PUBLIC INFORMATION

Requestor's Information

Name:	Date Requested:		
Company/Organization (if ap	pplicable):		
Street Address:			
City/State/Zip:			
Phone No.: ()		Fax No.: ()	
Email Address:			
Preferred method to receive	information (email, mail, fax, j	pick-up at District office):	
Information Requested: (plea	ase be as specific as possible))	
request or to comply with a released only in accordance	a standing request for inform	under no obligation to <i>create</i> a document to nation. I further understand that the informati <i>Act, Government Code Chapter 552</i> , which m se.	on will be
Requestor's Signature:			
	District to	Complete	
Received By:		Date:	
Date Completed:			
No. of Pages:	Cost:	Check No	
Authorized Signature:			