

EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT

P.O. Box 309 Mabank, TX 75147 903.887.7103 FAX.887.4299

PUBLIC INFORMATION REQUEST

Date Received Request: _____ Time of Request: _____

Name/Company of Requestor _____

Address, City, ST, Zip _____

Phone# _____

Description of Public Record(s) being requested: (Attach additional information if needed)

I understand I am responsible for any applicable charges as a result of this open records request.

Signature

Public Information Availability (for office use only)

The records are being used; in storage and are not immediately available for inspection. You will be notified when records are available.

Request received by: _____ Date: _____

Date submitted to responsible party of records: _____

Action by responsible party of records: _____

Date Estimate/Response is due to requestor : _____ (Due by 10 bus. days)

Date Estimate/Response was delivered by _____

Mail Person Other _____

Date requestor has to accept and pay charges or request is voided. (10 days) _____

Was a letter sent to the Office of Attorney General to ask for a ruling? Yes No

Note: If so, the information in question must be sent to OAG.

Date information was sent to OAG: _____

Description of information asking for a ruling on:

The OAG has 45 days to make a ruling once they receive the information.

Estimated date is: _____