

**TOWN OF LAKESIDE
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
9830 CONFEDERATE PARK RD., LAKESIDE, TX 76108
Fax: 817-238-9187 or E-mail dbuchanan@lakesidetexas.us**

Please use this form to request records from the Town of Lakeside. Requests for police records are to be submitted to the Police Department, ATTN: Police Chief. All other requests are to be submitted to the City Secretary. In accordance with the Public Information Act, records will be provided within 10 business days unless considered confidential by law. Every effort is made to expedite all requests for disclosure of public records, however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

PLEASE PRINT ALL INFORMATION

NAME:	
MAILING ADDRESS:	
CITY, STATE & ZIP:	
PHONE 1:	E-MAIL:

DATE, NAME & DESCRIPTION OF REQUESTED RECORD(S): (Please be specific).

Check One: I request paper copies. I request only to view at City Hall.

I understand that upon approval by the City Secretary these records will be made available to me promptly. I also understand there is a charge for copies of public records.

Signature of Requestor

Date of Request

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For Completion by Town only

Date Received: _____

Received by: _____

Date Disclosed to Requestor: _____

Fees: _____

Comments: _____