

# APPLICATION FOR INFORMATION OR RECORDS

TO THE CUSTODIAN OF RECORDS FOR THE CITY OF LAMESA, DAWSON COUNTY, TEXAS

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

PLEASE LIST AND DESCRIBE SPECIFIC DETAILS OF DOCUMENTS REQUESTING FOR COPIES,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that certain exceptions to disclosure exist under the Texas Law to protect against disclosure of exempt information. If it appears that an exception to disclosure of such records exist, an opinion will be sought from the Attorney General's office within ten (10) business days from receipt of a request for information. Other information is simply confidential and will be redacted from any records disclosed. Additionally, I will be responsible for the costs associated with the request made hereby.

\_\_\_\_\_  
Applicant's Signature Date of Request



I acknowledge that I have received documents described above.

\_\_\_\_\_  
Applicant's Signature Date Received



REQUEST APPROVED/DENIED BY  
\_\_\_\_\_  
DATE\_\_\_\_\_

Request Denial Reason:

If Request for Opinion of Attorney General, Date Requested:

Amount Due: \$ \_\_\_\_\_ Amount Paid:  
\$ \_\_\_\_\_

Date Request Due By: \_\_\_\_\_ Date Request  
Closed: \_\_\_\_\_