



City of El Lago

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT ALL INFORMATION

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.

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Date, Name and Description of requested record:

Date of Request

Signature of Applicant

Date of Disclosure

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

File name: _____

Necessary for review by City Attorney: _____yes _____no

Comments and ruling by City Attorney: _____

Date Approved: _____ Date Disclosed: _____

Fees: _____ Pages: _____ Released by: _____

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