



Fax (940) 482-3020

CITY OF KRUM, TEXAS *** OPEN RECORDS REQUEST ***

Please complete the top section of this form, being sure to identify as accurately and specifically as possible the record you wish to review/obtain. Your request will be processed as expediently as possible in accordance with the Texas Open Records Act (Texas Government Code, Section 552) and in compliance with the policies set forth in Resolution 91-2 of the City of Krum, Texas. Should you have any questions concerning these laws and procedures, please consult the City Secretary or Records Management Officer.

Name of Person Making	Request:	
Mailing Address:		City/ST/ZIP
Contact Phone:		Date of Request:
Circle your Choice: I wish to < Inspect> <0	btain>	_Copy(ies) of> the following records:
		QUEST:
I understand the policies agree to pay any reasona request as allowed by law	ble deposit required	ted to this open records request and and/or costs associated with this
Signed:		
FOR OFFICE USE ONLY		
Dates: Received:	Processed:	Delivered:
Signed:	Amount Paid/Receipt#	
Action(s) Taken:		