Irion County Water Conservation District

OPEN RECORDS REQUEST FORM

Applicant Information

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: ( ) _____ Email: _____

Business/Agency Representing : _____

Signature & Date of Request : _____

Request Information

Please let us know if you wish to receive your response in a special format or media. Additionally, certain items requested may be excepted from disclosure under the law and the District may assess costs for providing copies of requested information.

Under the Public Information Act, Pursuant to Texas Government Code Chapter 552, I request the following:

_____

_____

_____

_____

_____

Submit this request to Diana Thomas, Assistant Manager
Phone: 325-835-2015
Email: icwcd@verizon.net
Fax: 325-835-2366

THIS SECTION TO BE COMPLETED BY DISTRICT PERSONNEL:
Date Received: _____ Est. Completion Date: _____
Records Available: YES NO (Circle One)
Reason for Non- Availability: _____
Other Information: _____
Person Completing Records Request: _____