

**CITY OF LEONARD**  
**Request for Disclosure of Public Records**

# pages
Fee per page
Processing Fee
Total Due

PLEASE PRINT OR TYPE 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 & DISCRIPTION OF REQUESTED RECORD:

(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)


Request  
Date

Signature of Applicant

Date Rec'd

Signature of Recipient

RETURN FORM TO: CITY SECRETARY  
P.O. BOX 1270  
LEONARD, TEXAS 75452  
(903) 587-3334

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Staff Comments:


Prepared By: \_\_\_\_\_ Disclosure Date: \_\_\_\_\_

Category: \_\_\_\_\_ ATTY Review: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Released By: \_\_\_\_\_

**(PLEASE REMEMBER TO DATE YOUR SIGNATURE)**