

**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 & DISCRPTION OF REQUESTED RECORD:


Request      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:

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

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

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

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