



# City of Decatur Request For Information

I request the following information from the City of Decatur. I understand that the information will be provided in accordance of the Texas Open Records Act (which allows up to a 10 day response period) and that a **fee will be charged for the information (payable upon receipt of information).**

## APPLICANT INFORMATION:

Request Made by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell  Home  Work

## INFORMATION REQUESTED:

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Signature of Applicant

### Please return this completed form to:

City of Decatur, 201 E. Walnut or P.O. Box 1299, Decatur, TX 76234 or by  
Fax to 940-627-1822

**Diane Cockrell**

E-mail: [dcockrell@decaturtx.org](mailto:dcockrell@decaturtx.org)

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## Official Use Only

CRM Issue: \_\_\_\_\_

Deadline: \_\_\_\_\_

\_\_\_\_\_  
Employee Receiving the Request

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Requestor Is Notified that Information is Available

\_\_\_\_\_  
Date Information is Supplied or Mailed

\_\_\_\_\_  
Fee Assessed

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Method of Payment

\_\_\_\_\_  
Check Number