EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT

P.O. Box 309 Mabank, TX 75147 903.887.7103 FAX.887.4299

PUBLIC INFORMATION REQUEST	
Date Received Request:	Time of Request:
Name/Company of Requestor Address, City, ST, Zip Phone#	
Description of Public Record(s	s) being requested: (Attach additional information if needed)
l understand I am responsible	for any applicable charges as a result of this open records request.
Signature	
The records are being use notified when records are ava Request received by: Date submitted to responsible	ublic Information Availability (for office use only) ed;in storage and are not immediately available for inspection. You will be lable. Date: party of records: records:
Date requestor has to accept Was a letter sent to the Office	delivered by

The OAG has 45 days to make a ruling once they receive the information. Estimated date is: _____