

**REQUEST FOR INFORMATION & PUBLIC RECORDS**  
**CITY SECRETARY'S OFFICE**  
146 W. McCart, Krum, TX 76249  
PO Box 217, Krum, TX 76249  
Phone: (940) 398-7305 Fax: (940) 482-3020



Complete this form & either email to [lcabrera@cityofkrum.com](mailto:lcabrera@cityofkrum.com), fax it, mail to Office of City Secretary, or submit in person at City Hall. There may be a charge for records requested. All requestors will be informed of any price associated with request.

Date of Request: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How you would like to receive your records: \_\_\_\_\_

Information or Public Records Requested (BE SPECIFIC to dates, time periods, & document names). If requesting an Accident Report - two (2) of the following must be provided: Date of Accident; Name of persons involved; and/or Specific location of accident (attach additional pages if needed) Accident Reports are \$6.00 per report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY**

<b>Date Received:</b> _____	<b>Date Processed:</b> _____
_____ Records Immediately Available	_____ Reviewed in Office
_____ Duplicate Provided	_____ Record in Storage
_____ Request for Record Denied	_____ Discussed w/Department Head
_____ Discussed w/City Attorney	_____ Consider Exception to Disclosure

Staff Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_