



TROPHY CLUB MUNICIPAL UTILITY DISTRICT No. 1 Public Information Request

I request the following information from **Trophy Club Municipal Utility District No. 1**. I understand that the information will be provided in accordance of the Texas Open Records Act (which allows for up to 10 business days to respond) and that **a fee may be charged for the information and is due and payable upon receipt of information (cash/check only)**.

We are only able to fax up to three (3) pages of requested information and email up to fifty (50) pages of requested information. Please provide your fax number or email address if you would like to receive your information via fax or email. All emailed documents are in Adobe PDF format.

APPLICANT INFORMATION:

Requestor: _____

Date of Request: _____

Address: _____

Telephone: _____

City, State, Zip: _____

Home: **Cell:** **Work:**

Indicate Preferred Delivery Method:

Pickup: **Fax:** **Email:**

**Print fax number, e-mail address or check the Mail box
If you would like to have this information mailed to you:**

Mail

INFORMATION REQUESTED:

Return completed form to:

Laurie Slaght, District Secretary
Trophy Club Municipal Utility District No. 1
100 Municipal Drive
Trophy Club, TX 76262
Or fax to: 817-490-0705 or
e-mail to: Lslaght@tcmud.org

Requestor Signature

Official Use Only

Date Received: _____ Staff Receiving Req: _____

Deadline: _____ Date Requestor Notified: _____ Fee \$ _____

Payment Date: _____ Payment Type: _____ Date Picked up/mailed/sent: _____

Pick up signature: _____ Date: _____