



Lone Star Groundwater Conservation District
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Email: lsgcd@consolidated.net Web Site: www.lonestargcd.org

REQUEST FOR PUBLIC INFORMATION

Requestor's Information:

Name: _____ Date Requested: _____

Street Address _____

City/State/Zip _____

Phone No. (_____) _____ Fax No. (_____) _____

Email Address _____

How do you prefer to receive the results of the request? (Please check one) Mail _____ Fax _____ Email _____

Information Requested: (please be specific as possible) _____

In making this request, I understand that the District is under no obligation to *create* a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, Government Code Chapter 552, which may require a determination as to confidentiality by the Texas Attorney General prior to a release. I further understand that the Lone Star Groundwater Conservation District has **10 working days** from the date of request in which to solicit such a determination.

Requestor's Signature: _____

District to Complete

Received By: _____ Date: _____

Mail _____ Fax _____ Email _____ Date Completed: _____

No of Pages: _____ Cost: _____ Invoice No _____ Check No. _____

Authorized Signature: _____