



Dallas Central Appraisal District

Request for Information under Texas Public Information Act

PLEASE PRINT:

Requestor's Name: PRINT _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____ **Phone Number:** _____

NOTE: All information that you submit with a public information request is subject to public disclosure as allowed under the Texas Public Information Act.

Describe in detail the information you are requesting. Please include enough description of the information you are requesting so that the governing body may accurately identify and locate those items requested. If your request cannot be determined, it will be returned to you for clarification. Attach a separate sheet to this form if necessary.

Property Address and/or Account Number(s): _____

Appraisal Year (s) Subject to Your Request: _____

Detailed Description of the Records Seeking (be specific): _____

I understand that I must pay all applicable charges as allowed by the Texas Administrative Code. For more information on charges you may access the Texas Attorney General's website link: <https://texasattorneygeneral.gov/og/charges-for-public-information> or visit the FAQs page on the DCAD Open Records webpage link.

Common Charges:

Standard size page, 8.5 x 11	\$0.10/pg
Over 50 pgs	\$0.10/pg + \$15/hr Labor + 20% Overhead
CD	\$1.00/ea
Programming	\$28.50/hr + 20% Overhead
Postage	Actual Charges

Note: Visit the DCAD Data Products page for DCAD data that is available **free of charge**

- I wish to pick documents up I wish documents to be mailed to address listed
- I wish to inspect documents. You will be notified to secure a mutual date and time for inspection at the DCAD.

Submit this form by mail, email, fax, or in person to:

Public Information Officer
Mailing Address: Dallas Central Appraisal District
2949 N. Stemmons Freeway
Dallas, Texas 75247

Return in person: to the above address, Customer Service Division

E-mail: openrecords@dcad.org **Fax:** 214-634-2518

REQUESTOR'S SIGNATURE: _____ **Date:** _____