



# LAKE TRAVIS COMMUNITY LIBRARY DISTRICT REQUEST FOR INFORMATION

I hereby request the following information from the Lake Travis Community Library District. I understand that the information will be provided under the Texas Public Information Act and that a fee may be charged for the information.

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Name: \_\_\_\_\_

\_\_\_\_\_ Date of Request

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number

\_\_\_\_\_

\_\_\_\_\_ Email

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## INFORMATION REQUESTED:

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\_\_\_\_\_ Signature

Please return this completed form to the information officer of the Lake Travis Community Library District, 1938 Lohmans Crossing, Austin, Texas 78734 for processing of your request.

### LIBRARY USE ONLY

\_\_\_\_\_ Signature of Information Officer

\_\_\_\_\_ Fee Collected (if applicable)

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Signature to Acknowledge  
Receipt of Information