

**CITY OF DE LEON**

**P O BOX 318**

**125 S TEXAS**

**DE LEON, TEXAS 76444**

**Phone number: 254-893-2065 or Fax number: 254-893-3254**

**Email address: [deleon1@cctc.net](mailto:deleon1@cctc.net)**

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**Date of Request:** \_\_\_\_\_

**Requestor's Name & Address:**

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

**Information requested:**

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

**Date information request was sent on:** \_\_\_\_\_

**Date information request received and by whom:**

\_\_\_\_\_