



Van Zandt County Appraisal District

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OPEN RECORDS REQUEST FORM

Name of Requestor: _____
Organization/Company: _____
Address: _____
City/State/Zip: _____
Phone: _____

Date Request Submitted: _____

Describe the Information Requested: _____

Signature of Requestor

Date

Office Use Only

Date Request Received _____ *Time:* _____
Person Receiving Request _____
Date of Processing (10 days) _____ *Date Delivered:* _____
Means of Delivery: By Hand Mail Fax Email
Amount Paid: \$ _____ Cash \$ _____ Check \$ _____ M.O.
Receipt #: _____
Notes: _____

