



**Van Zandt County Appraisal District**  
P.O. Box 926  
Canton, TX 75103  
(903)567-6171 Phone  
(903)567-6600 Fax  
[www.vzcad.org](http://www.vzcad.org)



**OPEN RECORDS REQUEST FORM**

Name of Rquestor: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date Request Submitted: \_\_\_\_\_

Describe the Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Requestor* *Date*

<b>Office Use Only</b>			
<b>Date Request Received</b>	_____	<b>Time:</b>	_____
<b>Person Receiving Request</b>	_____		
<b>Date of Processing (10 days)</b>	_____	<b>Date Delivered:</b>	_____
<b>Means of Delivery:</b>	By Hand <input type="checkbox"/>	Cert. Mail <input type="checkbox"/>	Reg. Mail <input type="checkbox"/> Other <input type="checkbox"/>
<b>Amount Paid:</b>	\$ _____ Cash	\$ _____ Check	\$ _____ M.O.
<b>Receipt #:</b>	_____		
<b>Notes:</b>	_____ _____ _____		