



## **CITY OF MISSION**PUBLIC INFORMATION REQUEST

All requests must be in writing and directed to the City Secretary's Department  $1201 E 8^{th}$  Street, Mission, TX 78572 - 956-580-8661 - FAX 956-580-8669 - Via email to <a href="mailto:igarcia@missiontexas.us">igarcia@missiontexas.us</a>

DATE:				
NAME:		PHONE:	PHONE:	
REPRESENTING:				
MAILING ADDRESS:		EMAIL:		
CITY:	STATE:	ZIP:		
SIGNATURE OF REQUE	STOR:			
DETAILED DESCRIE	TION OF REQUESTED REC	ORD(s) * A fee may apply		
	11011 01 112 4020122 1120	0112 (b) 11100 may apply		
I am requesting:	paper copies	electro	nic format	
ram requesting:	paper copies	electi 0	inc format	
Reviewed as	to form:			
	City Secretary	(date)		
	FOR OFFICE U	SE TO BE COMPLETED BY CITY	,	
Routed to:		Department:		
* Provide information a	as requested, if no information	is found provide memo stating reas	on.	
D.I. D.	D. F. LL. D.		D. L. CM. All	
Release Date	Date Forwarded to Dept.	Dept. Deadline Date (3 days)	Date sent to CM or Attorney	
Approval must be give	en by the Department Head	and City Attorney or City Manag	ger	
() approve () deny		( ) approve	( ) deny	
DEPARTMENT HEAD	 ) (date)	CITY MANA	GER (date)	
() approve () de	eny			
CITY ATTORNEY	(date)			
FEE DUE:	RE	CEIVED BY:	DATE:	
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T Attorney General C	Opinion # received	a on laate i		