

TRACKING NO.



# CITY OF MISSION PUBLIC INFORMATION REQUEST

All requests must be in writing and directed to the City Secretary's Department  
1201 E 8<sup>th</sup> Street, Mission, TX 78572-956-580-8661-FAX 956-580-8669-Via email to Josie Garcia at jgarcia@missiontexas.us

DATE: \_\_\_\_\_

NAME:		PHONE:
REPRESENTING:		
MAILING ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:
SIGNATURE OF REQUESTOR:		

**DETAILED DESCRIPTION OF REQUESTED RECORD(S)** \* A fee may apply


I am requesting: \_\_\_\_\_ paper copies \_\_\_\_\_ electronic format

Reviewed as to form: \_\_\_\_\_  
City Secretary (date)

**FOR OFFICE USE TO BE COMPLETED BY CITY**

**Routed to:** \_\_\_\_\_ **Department:** \_\_\_\_\_

\* Provide information as requested, if no information is found provide memo stating reason.

Release Date	Date Forwarded to Dept.	Dept. Deadline Date (3 days)	Date sent to CM or Attorney

Approval must be given by the Department Head and City Attorney or City Manager

( ) approve ( ) deny

( ) approve ( ) deny

\_\_\_\_\_  
DEPARTMENT HEAD (date)

\_\_\_\_\_  
CITY MANAGER (date)

( ) approve ( ) deny

\_\_\_\_\_  
CITY ATTORNEY (date)

**FEE DUE:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Attorney General Opinion requested on: _____ (date) Attorney General Opinion # _____ received on _____ (date)
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