

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)<br>Attorney General Opinion # _____ received on _____ (date) |
|--|