

Mission Municipal Court  
 1200 E 8<sup>th</sup> St  
 Mission, Texas 78572  
 Phone: 956-584-5150  
 Fax: 956-584-5159



**Public Information Request**  
**Solicitud de informacion Publica**

**PLEASE PRINT OR TYPE LEGIBLY/ FAVOR DE IMPRIMIR LEGIBLE:**

Name of Requestor: <i>Su Nombre:</i>	
Address: <i>Domicilio:</i>	
City/State/Zip Code: <i>Ciudad/Estado/Codigo Postal:</i>	
Phone Number/Fax Number <i>Numero de Telefono/Fax</i>	
Email Address: <i>Correo Electronico:</i>	
Request Date: <i>Fecha de Solicitud:</i>	

**GIVE DETAILED DESCRIPTION FOR REQUEST: (PLEASE BE SPECIFIC IN YOUR REQUEST)**

**FAVOR DE DAR DESCRIPCION DETALLADA DE SU PETICION**

Full Name: <i>Nombre Completo:</i>
Date of Birth: <i>Fecha de Nacimiento:</i>
Date of Citation/Arrest/Accident: <i>Fecha de citacion/Arresto/Accidente:</i>
Driver's License/ID: <i>Licencia de Manejo/Identificacion:</i>
Information Requested/ <i>Informacion Requerida:</i>

Signature/ <i>Firma:</i>
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**COURT USE ONLY:**

Method of Release: <input type="checkbox"/> Picked up <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed
Clerk Releasing Documents: _____ Date Released: _____
Received by Signature (Requestor): _____
<input type="checkbox"/> Free <input type="checkbox"/> Fee: Falls under Open Record Rules

**\*\*\* Must attach copy of valid Driver's License or Id. \*\*\***