



CITY OF MISSIONPUBLIC INFORMATION REQUEST

All requests must be in writing and directed to the City Secretary's Department 1201 E 8th Street, Mission, TX 78572 – 956-580-8661 - FAX 956-580-8669 - Via email to citysecclerk@missiontexas.us

DATE/FECHA: _____ NAME/NOMBRE: PHONE/TELEFONO EU: REPRESENTING/REPRESENTANTE: EMAIL/CORREO ELECTRONICO: MAILING ADDRESS/DIRECCION DE CORREO: CITY/CIUDAD: STATE/ESTADO: ZIP/CODIGO POSTAL: SIGNATURE OF REQUESTOR/FIRMA DEL SOLICITANTE: DETAILED DESCRIPTION OF REQUESTED RECORD(s) * A fee may apply DESCRIPCION DETALLADA DE LOS DOCUMENTOS SOLICITADOS I am requesting: _____ paper copies _____ electronic format Solicito copias: _____ forma de papel _____ formato electronico 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) 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)