TRACKING NO.



CITY OF MISSION PUBLIC 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 <u>citysecclerk@missiontexas.us</u>

DATE/FECHA: _____

NAME/NOMBR	NAME/NOMBRE: PHONE/TELEFONO EU:		
EMAIL/CORREO ELECTRONICO:		r nv	
,		RRFO	
MAILING ADDRESS/ <i>DIRECCION DE CORREO</i> : CITY/ <i>CIUDAD</i> : ST		STATE/ESTADO:	ZIP/CODIGO POSTAL:
SIGNATURE OF REQUESTOR/FIRMA DEL SOLICITA			
SIGNITURE OF	REQUESTOR/THIMITE		
DETAILED DESCRIPTION OF REQUESTED RECORD(s) * A fee may apply DESCRIPCION DETALLADA DE LOS DOCUMENTOS SOLICITADOS			
I am requesting: paper copies electronic format			
		orma de papel	formato electronico
Reviewed as to form:			
		Secretary	(date)
	_	-	
FOR OFFICE USE TO BE COMPLETED BY CITY			
Routed to:		De	partment:
* 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 ATTORN	IEY (date)		
FEE DUE:		RECEIVED BY:	DATE:
Attorney General Opinion requested on: (date)			

Attorney General Opinion # _____ received on _____ (date)