



**CITY OF MISSION
PUBLIC INFORMATION REQUEST**

(956)580-8661 ph.
(956)580-8669 fax

DATE: _____

NOTE: The information may or may not be available at the time requested or may not be available for public inspection. Should this occur the information will be released at the earliest convenience. **A fee may apply.**

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM/COMPANY: _____

MAILING ADDRESS: _____

PHONE #: _____

DESCRIPTION OF PUBLIC RECORDS BEING REQUESTED: _____

(Signature)

Reviewed as to form: _____

City Secretary

(date)

*****FOR OFFICE USE*****

APPROVAL FOR RELEASE OF PUBLIC RECORDS

ROUTED TO: _____

DEPARTMENT: _____ DATE REC'D BY DEPT: _____

ACTION TO BE TAKEN BY DEPT: Please provide information as requested; if no information is found provide memo stating the reason. Department Head is to sign off on request then return to the City Secretary Dept. for the City Manager's signature.

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

() approve () deny

() approve () deny

DEPARTMENT HEAD (date)

() approve () deny

CITY ATTORNEY (date)

CITY MANAGER (date)

OFFICE USE ONLY:

DOA: _____

DSDPT: _____

DRDPT: _____

DSCM: _____

DRCM: _____

DRCIT: _____