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 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

_____
DEPARTMENT HEAD (date)

( ) approve ( ) deny

_____
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)