

**CITY OF MCALLEN
FIRE DEPARTMENT
PUBLIC INFORMATION REQUEST**

DATE: _____

**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.

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY: _____

DAY TELEPHONE NUMBER: _____

ADDRESS: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:

SIGNATURE

APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

APPROVAL MUST BE GIVEN BY FIRE MARSHAL AND FIRE CHIEF AND THE CITY ATTORNEY AND/OR CITY MANAGER.

FIRE MARSHAL: _____ DEPT. HEAD: _____

ASST. CITY ATTY: _____ CITY MANAGER: _____

ROUTED TO: _____

DATE RECEIVED: _____

DEPARTMENT: _____

PERSON WHO RELEASED RECORD(S): _____

ACTION TAKEN: _____