



REQUEST FOR PUBLIC INFORMATION

1300 Houston Avenue

McAllen, TX 78501

Fax: (956) 681-1010 or email: pzamora@mcallen.net

In accordance with the Texas Public Information Act (the "Act"), the City will promptly (e.g. within a reasonable time) produce copies of the requested records to you unless the information is exempt from disclosure.

PLEASE FILL IN ALL INFORMATION:

Date : _____ Name: _____

Phone: _____ Fax: _____

Company Represented If Applicable: _____

Mailing Address: _____ City/State: _____ Zip: _____

Email Address: _____

Preferred Method To Receive Documents: _____ Inspect _____ E-mail _____ Fax _____ Mail _____ Pick-Up

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE REQUESTED INFORMATION (e.g. name of records REQUESTED, SPECIFIC DATE OF THE RECORD OR LIST, TIME FRAME SOUGHT, ETC):

In making this request, I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing/ongoing request for information. I further understand that copies of the information will be released only in accordance with the Act, and the City reserves its right to seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought by the City, you will be notified in writing.

Signature/Name of Requestor Date

FOR COMPLETION BY CITY ONLY

Date Received: _____

FILE NO. _____

Due Date: _____

Routed To: _____

Department: _____

Comments: _____

*** Approval must be given by the Department Head and/or City Attorney/Assistant City Attorney or Public Information Specialist and/or City Manager.*

Department Head

City Manager

City Attorney/Assistant City Attorney or
Public Information Specialist