



**CITY OF RIO GRANDE CITY
PUBLIC INFORMATION REQUEST
956-487-0672
956-716-8899 fax**

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. A fee may apply.

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY (IF APPLICABLE): _____

MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

DESCRIPTION OF PUBLIC RECORDS REQUESTED: _____

SIGNATURE

.....
APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

ROUTED TO: _____

DEPARTMENT: _____ DATE RECEIVED IN DEPT: _____

ACTION TO BE TAKEN BY DEPARTMENT: Please provide the information as requested; if no information is found for the request, please state why the information is not found on this form. Department Head must sign this form and return to City Secretary.

Approval must be given by the Department Head and City Manager (or designee) and/or City Attorney.

DEPARTMENT HEAD: _____

CITY MANAGER: _____

CITY ATTORNEY: _____

Date Records Released: _____
Fee paid: _____
Receipt No. _____
Signature of Person Releasing Record: _____