



**REQUEST FOR PUBLIC INFORMATION**  
**Attn: City Secretary Department**

In Person: 1300 Houston Avenue McAllen, TX 78501  
By Mail: P.O. Box 220 McAllen, TX 78505-0220  
Fax: (956) 681-1029 or email: [pir@mcallen.net](mailto:pir@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 PRINT:**

Date : \_\_\_\_\_ Name: \_\_\_\_\_

Company Represented (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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):**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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, I 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 Attorney/Assistant City Attorney or  
Public Information Specialist

\_\_\_\_\_  
City Manager