



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

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):

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



SOLICITUD DE INFORMACIÓN PÚBLICA

Dirigido: City Secretary Department

En Persona: 1300 Houston Avenue McAllen, TX 78501

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De acuerdo con la ley de información pública de Texas la ciudad producirá puntualmente (dentro de un tiempo razonable) copias de los archivos solicitados al menos que la información esté exenta de divulgación.

FAVOR DE USAR LETRA DE MOLDE:

Fecha: _____ Nombre: _____

Compañía (si aplica): _____

Dirección Postal: _____ Ciudad/Estado: _____ Código Postal _____

Teléfono _____ Fax: _____

Correo electrónico: _____

Método preferido para recibir documentos: _____ Inspeccionar _____ Correo electrónico _____ Fax _____ Correo _____ Recoger

FAVOR DE PROPORCIONAR UNA DESCRIPCIÓN DETALLADA DE LA INFORMACIÓN SOLICITADA (EL NOMBRE DE ARCHIVOS SOLICITADOS, LA FECHA ESPECÍFICA DE LA LISTA DE ARCHIVOS, MARGEN DE TIEMPO)

Al hacer esta solicitud, entiendo que la ciudad no está obligada a crear un documento para satisfacer mi solicitud ó cumplir con una solicitud de información en curso. Entiendo que copias de la información se entregara solamente de acuerdo con la ley, y la ciudad reserva el derecho de solicitar un dictamen de la Procuraduría General de Texas con respecto a la entrega de dicha información. Si se solicita el dictamen del Procurador General por la ciudad, se me notificará por escrito.

Firma

Fecha

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