

CITY OF MISSION
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/COMPANY: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF PUBLIC RECORDS BEING REQUESTED: _____

(Signature)

Reviewed as to form: _____
City Secretary (date)

*****FOR OFFICE USE*****

APPROVAL FOR RELEASE OF PUBLIC RECORDS

ROUTED TO: _____

DEPARTMENT: _____ DATE REC'D BY DEPT: _____

ACTION TO BE TAKEN BY DEPT: _____

Approval must be given by the Department Head and City Attorney or City Manager

() approve () deny

() approve () deny

DEPARTMENT HEAD (date)

CITY MANAGER (date)

() approve () deny

CITY ATTORNEY (date)

OFFICE USE ONLY:

DOA: _____

DSDPT: _____

DRDPT: _____

DSCM: _____

DRCM: _____

DRCIT: _____