CITY OF MERCEDES
OPEN RECORDS REQUEST FORM

Name of Requestor:_____

Mailing Address of Requestor:_____
                                    Street   City, State   Zip

Phone Number: _____ Fax Number:_____Email:_____

Date and Time of Request_____

DESCRIPTION OF PUBLIC RECORDS REQUESTED [ ] For Review [ ] Copies

Please provide as much information as possible so we can better assist you. NOTE: The Public Information Act does not require governmental bodies to create new information, perform legal research, or to answer questions. The request must ask for records or information already in existence.

_____

_____

_____

_____

IMPORTANT NOTE: The City of Mercedes is prohibited from releasing some types of information, or may seek as opinion from the Texas Attorney General (AG) for the release of other information.

_____
                    Signature of Requestor

• •

OPEN RECORDS INFORMATION AVAILABLITY

The records are { } BEING USED { } IN STORAGE AND IMMEDIATELY UNAVAILABLE FOR INSPECTION

The information you have requested, either copies or for viewing, will be made available for inspection on: _____, 20____ at_____ ( )am ( )pm

City Manager's Signature:_____ Date:_____
Custodian of Records/person acting for Custodian: :_____
Action by Staff
        :_____

_____

City Attorney Comments/Approval if required: _____

_____