

PIR #: \_\_\_\_\_

**City of Mercedes  
Public Information Request**

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

Time: \_\_\_\_\_ AM/PM

**\*\*\* Please Note: The information requested may not be available at the time of request. Please be aware that there will be a minimal fee of ten cents (.10¢) per page. Records will be provided based on available format. \*\*\***

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide a DETAILED description of the documents being requested.**

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Signature of Requestor

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