



# Public Information Request Form

PLEASE PRINT

|                 |                   |
|-----------------|-------------------|
| Requestor Name: | Telephone Number: |
|-----------------|-------------------|

|                               |             |
|-------------------------------|-------------|
| Email Address, if applicable: | Fax Number: |
|-------------------------------|-------------|

Name of Business/Firm, if applicable:

Mailing Address:

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Detailed description of requested record(s):

I am requesting: \_\_\_\_\_ Paper Copies      \_\_\_\_\_ Electronic format

NOTE: A fee may be applicable as allowed by the Public Information Act, Section 552.061(a).

|                        |       |
|------------------------|-------|
| Requestor's Signature: | Date: |
|------------------------|-------|

**SUBMIT TO THE ATTENTION OF: City Secretary/Public Information Coordinator**  
BY EMAIL: [publicinformation@cityofpalmview.us](mailto:publicinformation@cityofpalmview.us); BY FAX: (956) 581-7494;  
IN PERSON OR BY MAIL: 400 W. Veterans Blvd. Palmview, Texas 78572

## FOR OFFICE USE ONLY

|                      |                 |                    |
|----------------------|-----------------|--------------------|
| Date Received: _____ | Due Date: _____ | Tracking No. _____ |
|----------------------|-----------------|--------------------|

|            |             |
|------------|-------------|
| Routed to: | Department: |
|------------|-------------|

List of Records Provided or Explanation if No responsive information

|                              |             |
|------------------------------|-------------|
| Release Authorization: _____ | Date: _____ |
|------------------------------|-------------|