

CITY OF CRYSTAL CITY

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 OR COMPANY: _____

ADDRESS: _____

PHONE: (A/C) _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

(Signature)

APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

ROUTED TO: _____

DATE RECEIVED: _____

DEPARTMENT: _____

ACTION TAKEN: _____

APPROVAL MUST BE GIVEN BY THE DEPARTMENT HEAD AND/OR CITY ATTORNEY/CITY MANAGER.

DEPARTMENT HEAD: _____

CITY MANAGER: _____

CITY ATTORNEY: _____

