

City of Palacios
PUBLIC INFORMATION REQUEST FORM

Date: _____

Requestor Identification - Please type or print neatly

Name: _____

Phone Number: (_____) - _____ - _____ Email: _____

Address: _____
Street or Post Office Box City State Zip Code

Description of Information Requested - Please be as specific as possible. Attach additional sheets if necessary.

Initial on the line to indicate your choice.

I want to view the information. _____

Requestor Signature

I want a copy of the information. _____

FOR CITY OF PALACIOS USE ONLY

Received by: Mail Fax Email In Person **Date Received:** _____ **Time Received:** _____ AM PM

Department: _____ **Handled by:** _____ total time _____

- This information is unavailable at this time. It will be available for review on _____(date) at _____(time).
- This information is not created or maintained by this governmental body.
- This information is maintained by this department but may be protected information under the Texas Public Information Act. Your request will be promptly reviewed and you will be informed of its status.
- This information can be copied for you. See the Public Information Fee Schedule on back of this form.
- Other _____

Notes:

Payment by: Cash Check # _____ MO # _____ **Date of Payment:** _____

Receipt # _____ **Processed by:** _____