

PUBLIC INFORMATION REQUEST

The Office of the City Clerk
P.O. Box 1729 * 118 S. Cage Blvd. * Pharr, Texas 78577
Fax 956-702-5313 or email to openrecords@pharr-tx.gov

This request is made under the Pharr City Charter, Freedom of Information Act and Government Code, Chapter 552, § 552.002, which guarantees public access to certain, non-exempted information in the custody of governmental agencies.

DATE:		TIME:	AM/PM	
DDINT MAME		REQUESTING INF		
PRINT NAME:				
REPRESENTING COMPANY (IF	APPLICABLE):			
ADDRESS:	CIT	Y:	ZIP CODE:	
PHONE NO.:	CE	LLULAR PHONE:		
FAX NO.:	E-	MAIL:		
INFORMATION REQUESTED	: [] COPIES	INSPECTION	ON ONLY: []	
PLEASE PROVIDE A DETAIL				
PLEASE PROVIDE A DETAIL	ED DESCRIPTION	OF THE REQUE	SIED INFORMATION:	
In making this request, I understar questions to satisfy my request or information will be released only in opinion from the Texas Attorney Gethe City, you will be notified.	to comply with a stand accordance with the T	ing/ongoing reques exas Public Inform	st for information. I further unders ation Act, and the City reserves th	tand that copies of the eright to seek an
	Sig	nature of Reques	stor	
	FO	R CITY USE ON	II V·	
Date Received:	_		Reference #:	
Routed To:		De	partment(s):	
* * Approval must be given by	the Department Hea	 d and/or City Att	orney/City Manager.	
() approved	() denied		() approved	() denied
		-	City Attorney	
() approved	() denied		,	
City Manager				