



RECORDS REQUEST FORM

Consistent with the policy that the public is entitled to full information about the affairs of the City of Edinburg, this form must be completed and signed in order to inspect or copy any public records. A determination will be made as soon as possible but no later than **10** working days

Reference # _____

Today's Date: _____

Requestor Information:

Name &/or Business: _____

Mailing Address: _____ Apt# _____

City _____ State _____ Zip _____

Telephone No.: _____

Email Address: _____

Fax No.: _____

As per the Texas Public Information Act, I hereby request the following information:

Signature _____ Date _____

Rcvd Signature _____ Date _____

() Approved () Not Approved

Reason Comments: _____

City Attorney _____ Date _____ City Manager _____ Date _____

C Sec'y Disposition: Date Routed to City Attny for approval: _____

Forwarded to Dept. for Processing _____ Dept. Staff _____

