



**Request for Public Information**

City of Alamo  
 420 N. Tower Road  
 Alamo, Texas 78516  
 (956) 787-0006  
 (956) 787-6807

**Email: [pir@alamotexas.org](mailto:pir@alamotexas.org)**

DATE: \_\_\_\_\_

This is in accordance with the Texas Public Information Act and Government Code, Chapter 552. The City will promptly (e.g. within a reasonable time) produce copies of the requested records unless the information is exempt from disclosure. The City is allowed 10 business days after the date the request is submitted to provide a response.

REQUESTOR: \_\_\_\_\_ FIRM/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Note:** Please provide as much detailed information as possible. The Public Information Act does not require governmental bodies to create new information, perform legal research, or answer questions. The request must ask for records or information already in existence. **Please provide Date of Birth, Accident-Incident-Arrest Date if requesting Police Dept. or Municipal Court records.**

Description of Public Record(s) being requested: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

I understand that the information will be released only in accordance with the Public Information Act, which means the City reserves the right to seek an opinion from the Texas Attorney General with regard to the release of said information. I will be notified in writing if the City seeks an Attorney General's opinion. I further understand that there might be fees associated with the production of information.

\_\_\_\_\_  
 (SIGNATURE)

**TO BE COMPLETED BY CITY STAFF ONLY**

**Due Date:**

ROUTED TO:	APPROVAL MUST BE GIVEN BY CITY MANAGER
Date: _____ By: _____	_____
<input type="checkbox"/> Adm <input type="checkbox"/> Police <input type="checkbox"/> Municipal Court <input type="checkbox"/> Finance	City Manager Signature & Date
<input type="checkbox"/> Planning   Other _____	Released by / Date: _____
Date submitted to CM OFFICE for approval: _____	Released to: _____
By: _____	Amount Pd. / Receipt #: _____
Comments: _____	
_____	
_____	