

CITY OF NATALIA
PUBLIC INFORMATION REQUEST FORM

NAME: _____ **DATE:** _____

REPRESENTING FIRM/COMPANY: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

INFORMATION REQUESTED: (In order for us to complete your request, it should be as specific as possible.)

PLEASE INDICATE IF YOU WOULD LIKE TO:

VIEW THE INFORMATION REQUESTED

RECEIVE COPIES OF THE INFORMATION

SIGNATURE: _____

OFFICE USE ONLY

REQUEST ACCEPTED BY: _____ **DEPT:** _____

ROUTED TO: _____ **DEPT:** _____

REQUEST DUE BY: _____ (Routine requests should be completed promptly, without delay. Notify the Records Management Officer (RMO) if the request cannot be completed by the seventh business day.)

AMOUNT DUE: \$ _____ **PAID** **YES** **NO** **WAIVED** (According to policy)

SENT TO CITY ATTORNEY FOR OPINION: _____
(DATE)

SENT TO ATTORNEY GENERAL FOR OPINION: _____
(DATE)

FINAL DISPOSITION: **REQUEST COMPLETED:** _____
(DATE)