



CITY OF RAYMONDVILLE, TEXAS  
PUBLIC REQUEST FOR INFORMATION  
OFFICE OF THE CITY SECRETARY

**SUBMIT THIS FORM BY:**

<p><i>Email:</i> Asst. City Secretary <a href="mailto:d.garza@raymondvilletx.us">d.garza@raymondvilletx.us</a></p>	<p><i>Mail:</i> City of Raymondville Attention Asst. City Secretary 142 South 7<sup>th</sup> Street Raymondville, Tx 78580</p>	<p><i>Fax:</i> Attention Asst. City Secretary (956)689-0981</p>
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**PARTY REQUESTING INFORMATION**

\_\_\_\_\_  
(Name of Requestor) (Mailing Address) (City/State/Zip)

\_\_\_\_\_  
(Daytime Telephone Number) (Email Address)

**DESCRIPTION OF DOCUMENTS REQUESTED. PLEASE BE SPECIFIC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please select the manner in which you wish to view the requested information:**

- I wish to physically inspect the requested information at City offices.
- I wish to have copies made of the requested information at the authorized rates.
- I wish to have copies sent electronically via provided email address at authorized rates.

Requestor's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DISPOSITION OF REQUEST FOR PUBLIC RECORDS**

Date Received: \_\_\_\_\_ Method of Receipt: \_\_\_\_\_ Routed to: \_\_\_\_\_

**RETURN TO THE CITY SECRETARY'S OFFICE *NO LATER THAN:*** \_\_\_\_\_

DATE OF FINAL ACTION ON THIS REQUEST: \_\_\_\_\_ (mm/dd/yyyy)

ACTION TAKEN: \_\_\_\_\_