

PUBLIC INFORMATION REQUEST

PLEASE COMPLETE THE FOLLOWING INF (TYPE OR PRINT NEATLY):	ORMATION TO REQUEST A RECO	RD OR DOCUMENT FROM THE CITY OF MANOR
		DATE:
ADDRESS:		
PHONE NUMBER: DESCRIPTION OF INFORMATION REQUE		
DESCRIBE THE INFORMATION AND/OR	•	
I understand my rights according to the	Texas Public Information Act. 1 als	o understand there may be charges for any of
the items listed above and that payment		
	REQUESTING TO:	RECEIVE COPIES INSPECT DOCUMENTS
REQUESTOR SIGNATURE		
	OFFICIAL CITY OF MANOR USE	ONLY
RECEIVED BY: MAIL FAX EMAIL IN		TIME RECEIVED: AM/PM
		N/.
DEPARTMENT:		St
ACTION TAKEN:		
D PENDING APPROVAL FROM ATTORNE	Y ON – DATE SENT TO ATTORNEY	
		– DATE SENT TO AG
 DOCUMENTS INSPECTED DOCUMENTS DELIVERED BY FAX/EMA 		# OF PAGES
L DOCOMENTS DELIVERED BT PAX/EMP		# OF FAGES
	FEE SCH	IEDULE = TOTAL COST \$
PAYMENT BY: CASH CHECK/MO #	DATE OF PAYMENT:	RECEIPT #
PROCESSED BY:		
		MANOD TEXAS 70652
(T) 512.272.55	ON STREET • P.O. BOX 387 • 55 • (F) 512.272.8636 • W	IVIANUR, LEXAS 78033 /WW.CITYOFMANOR.ORG