THE CITY OF EDINBURG

Request to Access City Records

PLEASE PRINT OR TYPE.

Step 1: **Name:** _____ **Tel.:** _____

Business: _____ **Fax:** _____

Address: _____ **Cell:** _____

City, State: _____ **E-mail:** _____

Record Information Requested: Please be specific and request detail information.

_____

_____

_____

Requestor Signature Date Department Staff Date

Consistent with the Public Information Act the public may be entitled to full information about the affairs of the City of Edinburg, this form must be completed and signed in order to inspect or receive public records. A determination will be made as soon as possible but not later than 10 business days.

For Inquiries Contact the City Secretary Dept via tel. 956-388-1858, fax. 956-383-7111, or email: citysec@ci.edinburg.tx.us

Open Records Request Follow Up Report
For Office Use Only

Step 2:	*Tracking No.:*	*Request Date:*	*Department Status: (5 Business Days)*	*Response Date: (10 Business Days)*

Step 3: _____
Department Processing Information: Name and Date

Step 4: _____
City Attorney Signature Date

Step 5: _____
City Attorney Staff Review Date

Approved ☐ Reason (s) _____

Not Approved ☐ Reason (s) _____

Date	Dept.	Follow-Up Notes

REV. 2/09