

DATE OF OPEN RECORD REQUEST _____



**CITY OF MARION, TEXAS
PUBLIC REQUEST FOR INSPECTION/COPY OF INFORMATION
OFFICE OF THE CITY SECRETARY**

The information may or may not be available at the time requested. The City of Marion reserves the right of ten (10) business days to complete the Public Information Request; however, we will strive to accommodate your request as quickly as reasonably possible. **Public Information** refers to information collected, assembled, produced or maintained in the course of transacting public business. Your request should be for documents or other information that is already in existence. Governmental bodies are NOT required to answer questions, perform legal research, or comply with continuing requests to supply information on a periodic basis as such information is prepared in the future. In some instances, we may require a deposit or pre-payment of anticipated copy costs.

PARTY REQUESTING INFORMATION:

(Name of Requestor)

(E-mail Address)

(Mailing Address)

(City/State/Zip)

(Daytime Telephone Number)

DESCRIPTION OF PUBLIC INFORMATION REQUESTED. PLEASE BE AS SPECIFIC AS POSSIBLE.

Please select the manner in which you wish to view the request information

- I wish to physically inspect the requested information at the City offices.
- I wish to have copies made of the requested information at the authorized rates.
- I wish to have PDF copies of the requested information e-mailed to the address provided.

**DISPOSITION OF REQUEST FOR PUBLIC RECORDS
(FOR OFFICE USE ONLY)**

Date Received: _____ Method of Receipt: _____ Route to: _____

DATE OF FINAL ACTION ON THIS REQUEST: ____/____/____ (MM/DD/YYYY)

ACTION TAKEN: _____
(ATTACH COPIES OF ANY INVOICES OR ITEMIZED BILLS ASSOCIATED WITH THIS REQUEST)

RETURN TO THE CITY SECRETARY'S OFFICE NO LATER THAN: _____