

**City of Vernon**  
**PUBLIC INFORMATION REQUEST FORM**

Date: \_\_\_\_\_

**Requestor Identification** - Please type or print neatly

Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Description of Information Requested** - Please be as specific as possible. Attach additional sheets if necessary.

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I understand my rights according to the Texas Public Information Act. I also understand there may be charges for any of the items listed on the Public Information Fee Schedule and that payment must be made before I obtain my items requested.

**Initial on the line to indicate your choice.**

I want to view the information. \_\_\_\_\_

Requestor Signature \_\_\_\_\_

I want a copy of the information. \_\_\_\_\_

**FOR CITY OF VERNON USE ONLY**

Received by: Mail   Fax   Email   In Person      Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ AM PM

Department: \_\_\_\_\_ Handled by: \_\_\_\_\_ total time \_\_\_\_\_

- This information is unavailable at this time. It will be available for review on \_\_\_\_\_(date) at \_\_\_\_\_(time).
- This information is not created or maintained by this governmental body.
- This information is maintained by this department but may be protected information under the Texas Public Information Act. Your request will be promptly reviewed and you will be informed of its status.
- This information can be copied for you. See the Public Information Fee Schedule on back of this form.
- Other \_\_\_\_\_

Notes:

Payment by: Cash   Check # \_\_\_\_\_   MO # \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Receipt # \_\_\_\_\_ Processed by: \_\_\_\_\_