## City of Groves 4925 McKinley Groves, TX 77619

Telephone (409) 960-5700; Fax (409) 962-9433

## **Application for Public Information**

Pursuant to the Public Information A following information:		reby made to produce t	he —
The request is for: inspection [ ]	duplication [ ]		
Signed:	Date:	Time:	_
	Tel. No.: (Home) (Work)		
Address: Street	City	State Zip	
Note: All responses shall be provided only to the	ne person signing this writte	en request.	
The spaces below are	to be filled out by (	City staff only	
Received by:	Title:		_
Date Received:	Time Received:		
The Section Below is to be	completed by Cus	todian of Records	
The following information was provided:			
To:	Date Provided:	Time:	
Method of Provision: In person [ ] Fax [	] Mail[] Other[](S	pecify):	_
Comment: Note: 1. An "Application for Public Informat REQUESTED. 2. All responses shall be page."			 ig.