

City of Groves
3947 Lincoln Avenue
Groves, TX 77619
Telephone (409) 962-4471; Fax (409) 963-3388

Application for Public Information

To: D.E. Sosa, City Manager

Pursuant to the Public Information Act, application is hereby made to produce the following information: _____

The request is for: inspection [] duplication []

Signed: _____ Date: _____ Time: _____

Printed Name: _____ Tel. No.: (Home) _____
(Work) _____

Address: _____
Number Street City State Zip

Note: All responses shall be provided only to the person signing this written 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 Custodian of Records

The following information was provided: _____

To: _____ Date Provided: _____ Time: _____

Method of Provision: In person [] Fax [] Mail [] Other [] (Specify): _____

Comment: _____

Note: 1. An "Application for Public Information" form must be completed for EACH ITEM REQUESTED. 2. All responses shall be provided to the person requesting information in writing.

Information Received by: _____