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 <i>i</i> following information:			produce the
The request is for: inspection []	duplication []		
Signed:	Date:	Time	:
Printed Name:	Tel. No.: (Home)		
Addross:	(Work)		
Address: Number Street	City	State	Zip
Note: All responses shall be provided only to the	he person signing this writte	en request.	
The spaces below are	to be filled out by (City staff on	У
Received by:	Title:		
Date Received:	Time Received:		
The Section Below is to be	completed by Cus	todian of Re	cords
The following information was provided:			
To:	Date Provided:	Tim	e:
Method of Provision: In person [] Fax [] Mail[] Other[](S	pecify):	
Comment:	tion" form must by compl rovided to the person red	questing informa	ITEM ation in writing.