



City of Palmhurst

Public Information Request

Date of Request:	Name:		
Company:			
Address:	City:	State:	Zip:
Phone:		Fax:	
Email:			

Please detail your request below providing as much information as possible i.e.: Names, Documents, Location, Dates, etc.; additional blank sheets may be attached hereto

Requester's Signature

Authorization: _____
City Manager

Date

Authorization: _____
City Attorney

Date

Information Made Available By: _____ on _____
Initials Date