

Date Received: \_\_\_\_\_ Date Entered/Int: \_\_\_\_\_ Work Order #: \_\_\_\_\_



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## Public Information Request

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Public Information Office • 4601 Padre Blvd. • South Padre Island, Texas •  
78597 • Tel No. (956) 761-6458 • Fax (956) 761-3888

**Please provide your contact information to request a record/document from the Town of South Padre Island.**

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

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile/Home Phone No: \_\_\_\_\_ Bus. No. \_\_\_\_\_

**To promptly process your request, we will need detailed information regarding the person(s), location and date of occurrence.**

**If requesting information on an individual other than yourself, please provide the individual's name, date of birth, driver's license #, social security #, address, phone # and nature of request.**

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

Person(s): \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Please be advised, all requests must be in writing and there may be a cost for requested information.**

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