



**CITY OF MOUNT VERNON
REQUEST FOR INFORMATION**

Name: _____

Address:

Phone #: _____

Drivers License #: _____

Information Requesting:

Location: _____

Printed Name: _____

Signature: _____

Date: _____

*****The City of Mount Vernon has 10 days to locate this information from the date of this request. You will be charged with copies and labor .*****

**EMAIL YOUR REQUEST TO TINA ROSE – tarose@comvtx.com
*City of Mount Vernon***

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