

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. Also, you will be charged with copies and labor charges.*****