CITY OF EVERMAN
OPEN RECORDS REQUEST

Date Requested: _____

Description on Public Record Requested: _____

_____

_____

Requested By: _____Phone No. _____

Address: _____City, State, Zip: _____

Record Immediately Available: _____Reviewed in Office: _____

Duplicate provided: _____Cost: _____ Receipt No:_____

Record in Use: _____ Record in Storage: _____ Date Available: _____
Time Available: _____

I hereby certify that the records requested are being used or stored and are not immediately available.

_____ _____
City Secretary Date

Reviewed in Office: _____ Duplicate Provided:

Request for Record Denied: _____
Discussed with City Manager: _____ Discussed with City Attorney: _____
Considered Exception to Disclosure: _____
Staff Comments: _____
_____

I hereby certify that I **did** receive the records requested.

Name: _____Date: _____

I hereby certify that I **did not** receive the records requested.

Name: _____Date: _____