

CITY OF EVERMAN  
OPEN RECORDS REQUEST

Date Requested: _____	
Description of 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 <b>did</b> receive the records requested.	
Name: _____	Date: _____
I hereby certify that I <b>did not</b> receive the records requested.	
Name: _____	Date: _____