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:
I haraby cartify that the records re	guested are being use	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: Considered Exception to Disclosure		Discussed with City Attorney:
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: