

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 **did** receive the records requested.

Name: _____ Date: _____

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

Name: _____ Date: _____