

City of Kerens

PUBLIC INFORMATION REQUEST

DATE: _____ PERSON TAKING REQUEST: _____

THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR, THE INFORMATION WILL BE RELEASED AT THE EARLIEST CONVENIENCE.

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY: _____
(if applicable)

ADDRESS: _____

PHONE: () _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

(Signature)

APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

ROUTED TO: _____ DATE RECEIVED: _____

DEPARTMENT: _____

ACTION TAKEN (DOCUMENTS DELIVERED, IF ANY): _____

APPROVAL MUST BE GIVEN BY DEPARTMENT HEAD AND CITY ATTORNEY OR CITY SECRETARY

DEPARTMENT HEAD

CITY ATTORNEY

CITY SECRETARY