



PUBLIC INFORMATION REQUEST

City Clerk's Office • City of Sherman

Open Records - Gov. Code Section 552.221

Name of person requesting information: _____

Name of firm or company representing (if applicable): _____

Address: _____

Contact phone: _____ Alternate phone: _____

Date and time of request: _____

Description of public record(s) being requested:

SIGNATURE OF PERSON REQUESTING INFORMATION

For Internal Use Only:

Public Information Availability

The records are: Being used In storage and unavailable for immediate inspection.

The public records requested will be made available for inspection on:

Date: _____

Time: _____ am ___ pm ___

Today's Date:

Custodian of Records: Linda Ashby, City Clerk

Routed to or Name of Person Responsible for these records:

Action by Staff:

Information was: Mailed Date _____

Picked up Received by: _____

Printed Name: _____

Date and Time: _____