

CITY OF VARNELL OPEN RECORDS REQUEST

REQUESTER'S NAME: _____ PHONE # _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUEST:



Do not write below this line

For official use only

Date Received: _____ Time Received: _____

Name of Responding Official: _____

Determination:

- Record(s) Subject to Disclosure
- Record(s) NOT Subject to disclosure

Date Requester Advised of Availability:

Number of Documents (Approximate number of pages) Made Available: _____

Amount Charged: _____

Additional Comments: