

REQUEST FOR PUBLIC RECORDS

Pursuant to I.C. 5-14-3-1 *et seq*

Name: _____ Phone _____

Address: _____

Date of Request: _____ Time of Request: _____ Email: _____

List Public Record Requested:

(MUST BE SPECIFIED WITH REASONABLE PARTICULARITY)

(Additional sheets may be attached, if necessary)

Date of Record being requested: _____

Address of Record being requested (if applicable) _____

Department where record is located: _____

I want to inspect the records on site. ☐ or

I want copies of the records. ☐ I understand that there are fees for copying these records for which I will be responsible. I request that I be contacted prior to the copying of the requested records, if the cost will exceed \$_____.

Signature of Requestor

FOR COUNTY PURPOSE ONLY

Name of Employee conducting records search: _____

No. of pages _____ Total cost: \$ _____

Record release authorized by:

Print name, Title

Signature

Date

If record release is denied, by whom:

Print name, Title

Signature

Date

For what reason: