



PUBLIC RECORD COPY REQUEST

State Form 1365 (R3 / 11-99)
Approved by State Board of Accounts, 1999
IC 5-14-3

PLEASE TYPE OR PRINT FIRMLY - YOU ARE MAKING 2 COPIES.

LOCATION OF RECORD(S)	
Department / Agency	
Division / Institution	Section / Branch

RECORD(S) REQUESTED (identify by title, control number, date, description)

REQUEST MADE BY:		
OPTIONAL	Name of requestor	Daytime telephone number
	Address (if records are to be mailed):	
	Date / time of request	Date / time filled

STANDARD SIZE (8 1/2" X 11" OR 8 1/2" X 14")	
Uniform copy fee	\$ 0.10
No. of copies made	x
TOTAL CHARGE	\$.

* Reasonable fee established by agency

NON-STANDARD SIZE	
Agency fee *	\$.
No. of copies made	x
TOTAL CHARGE	\$.

IF REQUEST IS NOT FILLED, STATE REASON (i.e., confidential by statute, etc.)			
		Signature	
		Title	Date

DISTRIBUTION: White - Requestor; Copy - Cashier