

# ACCESS TO PUBLIC RECORDS REQUEST

REQUEST NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_

INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

(Please Note: a \$.10 fee will be charged for each regular page copied or a \$.25 fee will be charged for each color page copied in accordance with IC 5-14-3-8(d).)  
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## INTER-OFFICE USE

DATE AND TIME REQUEST RECEIVED: \_\_\_\_\_

EMPLOYEE RECEIVING REQUEST: \_\_\_\_\_

RECORDS RECEIVED AND NON-DISCLOSURE INFORMATION EDITED

BY: \_\_\_\_\_

DATE AND TIME RECORDS RELEASED \_\_\_\_\_

\_\_\_\_\_ Pages \_\_\_\_\_ Total Amount Due

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Prepared pursuant to IN CODE 5-14-3-8(d))