REQUEST FOR PUBLIC RECORDS

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

Name: _____ Phone No.: _____

Email Address: _____

Address: _____

Date of Request: _____ Time of Request:_____

Public Record Requested: (please circle) INSPECTION or COPY

(**MUST BE SPECIFIED WITH REASONABLE PARTICULARITY)**

_____

_____

_____

Date of Record being requested: _____

Address of Record being requested (if applicable) _____

Department where record is located:_____

_____

FOR CITY PURPOSE ONLY

Name of Employee conducting records search _____

No. of pages in document requested _____ Total costs: $_____

Record released authorized by: _____

Date: _____

If record release is **denied**:

By whom:_____

For what reason:_____

Date:_____