

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: _____