



Date of Request: _____

Time Received: _____

Name of the Citizen requesting the information: _____

Address: _____

City, State and Zip Code: _____

Contact telephone number including area code: _____

Email address: _____

Please identify, with reasonable particularity, the public record(s) being requested:

Notes: A standard copying fee of five cents (\$0.05) per page will be charged for each 8 ½ x 11 inch document reproduced and seven cents (\$0.07) per page for each 8 x 14 inch document

This office may require as long as twenty-four (24) hours to fill a request placed in person and as long as seven (7) days to fill a request received by mail and or email (IC 5-14-3-9).

Access may be limited when necessary to prevent undue interference with the activities of this office (IC 5-14-3-7).

(office use only)

Request made: In Person By Mail By Fax By Phone By Email

Response give: In Person By Mail By Fax By Phone By Email

Copies requested at the cost of \$.05 per printed page letter size or \$.07 legal size/color

YES NO