## **VANDERBURGH COUNTY, INDIANA**

Request for Records Pursuant to Indiana Access To Public Records Act (I.C. 5-14-3-1, et seq., as amended)

Date of Request:	Time of Request:
Name of person requesting inform	nation:
Address:	
Phone:	E-mail Address:
Organization:	
Please identify as specifically as poss	ible the information, record, or document requested (attach additional sheet if necessary):
Please indicate whether you wish	to inspect the record or wish to obtain a copy:
Inspect	Сору
of records, within a statutorily sp copies will be provided to me wit understand that if the request i exception authorizing the withho	ords Act requires an initial response to my request, but not the actual production becified time period. I understand that if I request copies of public records, those hin a reasonable period of time after the initial response to my request. I further s denied, Vanderburgh County will respond in writing and state the statutory lding of all or part of the public record and the name and title or position of the . I am requesting that Vanderburgh County's response be mailed or e-mailed to
mediums. Also, you will be chapostage charges, you may pick u must be paid to Vanderburgh Co	page. Other charges may apply to cover costs of reproducing materials in other arged for postage in the mailing of the requested documents to you. To avoid a documents in person or send a self-addressed, stamped envelope. All charges unty before the requested documents will be sent or given you.
Signature of requestor:	

## Office Use Only

Request received by (check one):				
Mail	_			
Fax	_			
E-mail	_			
In Person	_			
Received by:	at	m. on		, 20
Name of Department or Office:				
Sent to County Attorney for response on:				
Response sent to requestor on:				
Name of person who sent response to requestor:				
Amount of charges:				
Information Received by			Date	
Vanderburgh County Representative			Date	