ACCESS TO PUBLIC RECORDS REQUEST

NAME: _____

ADDRESS: _____

PHONE NUMBER: (W) _____ (H) _____

DATE: _____ TIME: _____

INFORMATION REQUESTED: _____

_____

_____

DEPARTMENT: _____

NOTE: ***ANY*** request must be delivered in person or by mail to the Department of Law at 100 Lincolnway West. We will notify you of whether your request is either granted or denied, as well as the reason for any denial, within the time limits set by the Indiana Code. If your request has been granted, we will also let you know when you may come in to inspect or copy the material you requested. If, under the circumstances, you are entitled to receive copies of your request, any copies you make will be charged to you at $.10 per black and white page, or $.25 per color copy (Indiana Code 5-14-3-8).

** By signing below you acknowledge that you have received or inspected all responsive documents you requested, and that the City of Mishawaka has complied in every way with your request under I.C. 5-14-3.*

_____

OFFICE USE ONLY

Request Granted _____

Request Denied _____ Reason for Denial: _____

_____

Date the response was given: _____ Time Response was given: _____

Date of Notice to Department Head: _____

Date and time material will be available for inspection: _____

Place the material will be available for inspection: _____

Material received by Requestor? ____ Yes ____ No Reason, if not _____

How many pages were copied? _____ Total cost: _____

Person supervising the inspection/copying: _____