



Access to Public Records Request

pursuant to Indiana Access to Public Records Act (IC 5-14-3-1, et seq., as amended)
A list of employees of Public Agency cannot be used for commercial purposes. (IC 5-14-3-4 (c))

I, _____

Name

of _____

Address

Phone

hereby request to inspect the following records:

The Town may correspond with me regarding this request:

- by **Email** Transmission at _____
- by **Facsimile** Transmission at _____
- Pick-Up** at Clerk-Treasurer's Office 11095 West 93rd Ave., St. John, IN

PUBLIC RECORD FEES

Standard-sized Photocopies (8 ½ x 11 or 8 ½ x 14 without reduction or enlargement)	<i>\$0.10 per page</i>
Downloaded to a CD provided by the Town	<i>\$1.00 per CD</i>
Downloaded to a CD or Flash Drive provided by the Requester	<i>No Cost</i>
Email/Facsimile Transmission	<i>No Cost</i>

Received by: _____ *Town Department:* _____

Date of Request: _____ *Time of Request:* _____

Date Records Received: _____ *Time Received:* _____

Signature

Date