

TOWN OF SUNMAN

PUBLIC RECORDS REQUEST

Indiana Access to Public Records Act - I.C. 5-14-3-1 et seq., as amended

REQUESTER INFORMATION

First name: _____ Last name: _____
Address: _____
Telephone: _____ Email: _____

REQUESTED RECORDS

Please describe the records requested as specifically as possible:

☐ Additional page attached

DELIVERY / CONTACT PREFERENCE

Copy fees: \$0.10 per page for black-and-white copies and \$0.25 per page for color copies (Town of Sunman Ordinance 2013-04). I acknowledge responsibility for payment of applicable copy charges.

Please select one:

- ☐ Telephone
☐ Email
☐ Mail
☐ Pick up
☐ Other _____

Signature: _____ Date: _____

CLERK-TREASURER OFFICE USE

Office use only

Received by: _____ Date received: _____ Stamp:
Sent to legal counsel: _____ Via: _____

LEGAL COUNSEL / FINAL ACTION

☐ Approved ☐ Denied Reason: _____

☐ Documents provided ☐ Documents not provided

Copies: _____ ☐ Black & white ☐ Color Amount charged: \$ _____ Receipt #: _____

Retain in accordance with the Town's records retention requirements.