

# Records Request Form

Use of this form is required under I.C. 5-14-3-3(a)(2) for all requests for release of public records by the Town of North Manchester or one of its departments.

Any questions concerning use of this form may be directed to the Town Clerk at 260-982-9800

- Applicant information

Provide your contact information so we may respond to your request. Note that Town responses to your request will come by regular mail unless you choose to be contacted by email below.

- Your name First \_\_\_\_\_ Last \_\_\_\_\_
- Your phone number \_\_\_\_\_
- Your mailing address Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- How should we contact you? US mail  Email  address \_\_\_\_\_

- Record description

What information are you requesting? You must describe the records you are requesting with reasonable particularity. This means you should include information such as a date range; a specific type of record or document; or a specific department.

- Pursuant to the Access to Public Records Act, I.C. 5-14-3, I request to inspect or obtain a copy of the following public records:

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- Which department do you think maintains or manages these records? \_\_\_\_\_

According to the statute, our response to is due within 7 days if you submit this electronically.

If this request is denied, we will provide a written response as required stating the statutory exception authorizing the withholding of all or part of the public record and the name and title/position of the person responsible for the denial.

- Fee agreement

I understand that if a copy of a record is requested, or required because of confidential information needing to be redacted, a copying fee will be charged. Please inform me of the copying cost prior to making the copy.

Agree and submit \_\_\_\_\_ Signature

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