

**CITY OF BEECH GROVE
PUBLIC RECORDS REQUEST**

Pursuant to Indiana Code 5-14-3, and subject to Section 4 of this provision, the public may inspect or copy certain public records. Please complete this form and submit it to the City Attorney, Craig W. Wiley, (317) 489-6930, wileyc@jacksonlewis.com. Any request submitted by any other means will be deemed invalid. Your request will be processed as soon as possible. Please be advised you will be charged \$.10 cents per copy. Should you have any question, please contact the City Attorney.

Name: _____ Date of Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Form of Request: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> In-Person | <input type="checkbox"/> E-Mail (attach) |
| <input type="checkbox"/> Facsimile (attach) | <input type="checkbox"/> Letter (attach) |
| <input type="checkbox"/> Phone | |

Documents Requested: (please print)

**** FOR STAFF USE ONLY ****

Response due date: _____ Response processed by: _____

Initial Response:

- Documents Provided
- No Such Documents Exist
- Documents Not Provided – Exception to Access to Public Records Act
- Partial Documents Provided – Partial Exception to Access to Public Records Act

All Documents Provided on _____ (date).

Partial Documents Provided – Remainder to be Provided on _____ (date).

Charges:

Cost per page: \$ _____

Number of Pages: _____

Total cost of Request: \$ _____

Notes: