

TOWN OF ANDREWS, INDIANA
ANDREWS, INDIANA 46702
260-786-3848

REQUEST FOR PUBLIC RECORDS

Name: _____

Address: (OPTIONAL) _____

Date of Request: _____ Time of Request: _____

Public Record Requested: (Please circle) INSPECTION or COPY

(MUST BE SPECIFIED WITH REASONABLE PARTICULARITY)

Approximate Date of Record being requested _____

Address of Record being requested (if applicable) _____

Department where record is located: _____

By submitting this form, Requester represents that she/he will comply with Town policy and all applicable laws.

FOR TOWN PURPOSE ONLY

Name of Employee conducting records search _____

Number of pages in document requested _____ Total costs: \$ _____

Record released authorized by: _____

Date: _____

If record release is denied:

By whom: _____

For what reason: _____

Date: _____