



**OFFICE OF THE ATTORNEY
TO THE BOARD OF COMMISSIONERS**

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, IN 46307
PH. 219/755-3058 • FAX 219/648-6138



REQUEST FOR PUBLIC RECORD

1. REQUESTING PERSON: _____
LAST NAME FIRST NAME

ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

TELEPHONE: () _____ EMAIL: _____

BUSINESS ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

2. OFFICE/PUBLIC AGENCY REQUESTED FROM: _____

3. PUBLIC RECORD REQUESTED, IDENTIFIED IN DETAIL:

4. DATE OF REQUEST: ____ / ____ / ____ TIME OF REQUEST ____ : ____ AM / PM
MM DD YY HR MIN

I understand that this records request is fulfilled subject to the Indiana Access to Public Records Act, Ind. Code 5-14-3-1. Receipt of this request by a member of the Office of the Board of Commissioners serves as the statutorily required acknowledgment of the request. The document requested shall be provided within a reasonable timeframe according to the nature of the request. If the request is denied, a denial will be provided in writing along with the statutorily permissible reason for denial. If I wish to obtain a copy of the record, a copy fee will apply as allowed by statute.

5. _____
SIGNATURE OF REQUESTING PERSON