Office of Lieutenant Governor Eric Holcomb

ACCESS TO PUBLIC RECORDS REQUEST

Return to:
General Counsel
Office of Lieutenant Governor
Statehouse, Room 333
Indianapolis, IN 46204
Fax: (317) 232-4788

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____
_____

PHONE NUMBER: (____) _____

EMAIL: _____

DATE: _____ TIME (if requesting in person): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE RECORDS REQUESTED:
_____
_____
_____
_____
_____

REASON FOR REQUEST (**OPTIONAL- FOR CLARIFICATION PURPOSES**):
_____
_____

NOTE: If the request exceeds 40 copied pages, $0.10 will be charged per page payable by check or cash. Electronic records may be available at no charge. Please include your email address if you wish to receive electronic records.

Inter-Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Amount Charged (if applicable): _____
Date Agency responded: _____

Date Request Denied (if applicable): _____
Reason Request Denied (if applicable): _____
Date Request Fulfilled: _____
Payment Collected and Processed: _____

Revised 5/6/2016