Office of Lieutenant Governor
Rebecca Skillman

ACCESS TO PUBLIC RECORDS REQUEST

Return to:
Access to Public Records Coordinator
Indiana Office of Tourism Development
One North Capitol, Suite 100
Indianapolis, IN 46204
Fax: (317) 233-6887

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____
_____

PHONE NUMBER: __ (____) _____

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

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

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

NOTE: If the request exceeds 10 copied pages, per the Department of Administration, $0.10 will be charged per page payable by check or cash.

Inter-Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Department/Division: _____
Date Request Fulfilled: _____

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