



Request for Records Pursuant to Indiana Access To Public Records Act (I.C.
5-14-3-1, et sec as amended)

Date of Request: _____ Time of Request: _____

Name of person requesting information: _____

Address: _____

Phone: _____ E-mail Address: _____

Organization-----

Please identify as specifically as possible the information, record, or document requested (attach additional sheet if necessary):

Please indicate whether you wish to inspect the record or wish to obtain a copy:

☐ Inspect

☐ Copy

I understand that the Public Records Act requires an initial response to my request, but not the actual production of records, within a statutorily specified time period. I understand that if I request copies of public records, those copies will be provided to me within a reasonable period of time after the initial response to my request. I further understand that if the request is denied, Town of Georgetown will respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial. I am requesting that Town's response be mailed or e-mailed to me at the following address:



Photocopy Charge: Per I.C. 5-14-3-8, costs associated with copies are \$.10 cents per page that are not color copies and \$.25 cents per page for color copies. The fee for certification of documents may not exceed \$5.00 per document. Other charges may apply to cover the costs of reproducing materials in other mediums. Also, you will be charged for postage in the mailing of the requested documents to you. To avoid postage charges, you may pick up documents in person or send a self-addressed, stamped envelope. All charges must be paid to the Town of Georgetown before the requested documents are sent or given to you.

Signature of requestor:

Office Use Only

Request received by (check one):

Mail ☐

Fax ☐

E-mail ☐

In Person ☐

Received by: _____ at _____ . m. on _____, 20__.

Name of Department or Office: -----

Sent to Town Attorney for response on: _____ By: _____

Response sent to requestor **on**: _____

Name of person who sent response to requestor: _____

Amount of charges: -----

Information Received by

Date

Town of Georgetown Representative

Date