

City of Angola, Indiana
Requesting Access or Copy of Public Record
(Pursuant to Indiana Access to Public Records IC 5-14-3)

Date _____

Clerk-Treasurer
210 North Public Square
Angola, IN 46703-1960

I would like to _____ obtain a copy or _____ inspect the following public records:

(Describe the records with enough detail for the public agency to respond.)

I understand that if I seek a copy of this record, there may be a copying fee. Please inform me of the cost prior to making the copy. I can be reached at _____ *(telephone or email)*.

Thank you for your assistance.

Respectfully,

(Signature)

(Printed Name)

(Mailing Address)

(City, State, Zip Code)

FOR INTERNAL USE ONLY

Date and time received by the Office of Clerk-Treasurer: _____ at _____ a.m./p.m.

Received: in person *(24 hours to respond)* by mail/facsimile/email *(7 days to respond)*

Sent to legal counsel for response? Yes No If yes, date forwarded: _____

Request: Approved Denied

If request approved, documents made available on _____ at _____ a.m./p.m. via _____

If request denied, statutory exception authorizing the withholding all or part of the public record:

Name and title or position of the person responsible for the denial:
