LAGRANGE COUNTY, INDIANA
REQUEST TO INSPECT OR COPY A PUBLIC RECORD

Indiana Code 5-14-3-3 (a) states, "Any person may inspect and copy the public records of any public agency during the regular business hours of the agency, except as provided in section 4 of this chapter [Indiana Code 5-14-3-4]. A request for inspection or copying must: (1) identify with reasonable particularity the record being requested; and (2) be, at the discretion of the agency, in writing on or in a form provided by the agency."

Please print the following information, as applicable:

DATE: ____________________________________
NAME: ___________________________________________________________________________
REPRESENTING: ___________________________________________________________________
MAILING ADDRESS: __________________________________________________________________
CITY, STATE, AND ZIP: __________________________________________________________________
TELEPHONE: _________________________________________________________________________
FAX NUMBER: _______________________________________________________________________

Pursuant to Indiana Code 5-14-3 et seq. I am requesting to inspect / copy the following public records (attach additional pages if necessary):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I understand that I will be required to pay in advance any fees for copying of the public records.

To be completed by the County department or office receiving the request:
REQUEST RECEIVED ON _________________, 201__ AT ______________ A.M. / P.M.
RECEIVED BY: _______________________________________________________________________
FEES RECEIVED: _____________________________________________________________________
REQUEST COMPLETED ON: _________________, 201__ AT ______________ A.M. / P.M.
REQUEST COMPLETED BY: _______________________________________________________________________
REQUEST DENIED ON: _________________, 201__ AT ______________ A.M. / P.M.
REQUEST DENIED BY: _______________________________________________________________________
REASON FOR DENIAL: _______________________________________________________________________

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