



Town of Schererville  
 10 E. Joliet Street  
 Schererville, In. 46375  
 219.322.2211  
 219.865.5572 Fax  
 www.schererville.org

## ACCESS TO PUBLIC RECORDS REQUEST

Pursuant to Indiana Access to Public Records Act (IC 5-14-3-1, et seq., as amended)

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name of Requesting Party: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Request for Access to Inspect Public Records
- Request for Copies of Public Records

Information Requested (Please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Email Copies to: \_\_\_\_\_
- Fax Copies to: \_\_\_\_\_
- Pick up Copies at: \_\_\_\_\_

I request the Town of Schererville to copy the above record(s) for me, and agree to pay for the cost therefore in advance. Standard-sized Photocopies (8 ½ x 11 or 8 ½ x 14 without reduction or enlargement) is \$.15 per page. I request one (1) copy of each record requested. I further understand that a list of employees of a public agency cannot be used for Commercial Purposes. (IC.5-14-3-4(C)).

Signature of Requester: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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Received by: \_\_\_\_\_ Town Department: \_\_\_\_\_

\_\_\_\_\_ Total cost of Photocopies @ .15 per page in the amount of \$ \_\_\_\_\_

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Date Records Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date