

COUNTY OF DEARBORN, INDIANA

Request for Records Pursuant to the Indiana Access to Public Records Act
(Indiana Code § 5-14-3-1, *et seq.*, as needed)

I, _____, hereby requests that the County of Dearborn, Indiana (the "County"), grant me access to the following records:

(If more space is needed, please attach additional pages to this request form.)

Please provide your Response to this Request in the following manner:

Fax: _____

Email: _____

Mail: _____

I am requesting to do the following:

- ☐ Inspect the requested records; or
- ☐ Be provided with a copy of the requested records.

I hereby acknowledge responsibility for the payment to the County of all reasonable charges incurred by the County to make such information available for inspection and/or copying:

Signature: _____ Date: _____

Printed Name: _____

THIS SECTION FOR OFFICIAL USE ONLY

Received by Auditor's Office on _____

Manner in which the Request was received: _____

Sent to the following Department for response: _____

Response due by: _____ **(Due in 24 business hours if hand-delivered, due within 7 calendar days if received by fax, mail, or e-mail.)**

Enacted by the Dearborn County Board of Commissioners on July 1, 2014