

SHERIFF OF DEARBORN COUNTY, INDIANA

**Public records request for LAW ENFORCEMENT RECORDINGS pursuant
to the Indiana Access to Public Records Act (Indiana Code § 5-14-3)**

*****Separate form required for EACH law enforcement recording requested*****

Name of Person making request: _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

Organization (if applicable): _____

Type of Request:

- ☐ “Requestor” seeking to inspect record pursuant to Indiana Code § 5-14-3-5.1
- ☐ Inspect or obtain copy of record pursuant to Indiana Code § 5-14-3-5.2

If I am a “requestor” that is seeking to inspect a record pursuant to Indiana Code § 5-14-3-5.1, I hereby certify the following (check all that apply):

- ☐ I am an individual who is depicted in the law enforcement recording;
- ☐ I am the surviving spouse, father, mother, brother, sister, son, or daughter of an individual who is depicted in the law enforcement recording.
 - Name of Decedent: _____
- ☐ I am the personal representative (as defined by Indiana Code § 6-4.1-1-9) of or an attorney representing the estate of an individual who is depicted in the law enforcement recording.
 - Name of Decedent: _____
- ☐ I am the legal guardian, attorney, or attorney-in-fact of an incapacitated person (as defined in Indiana Code § 29-3-1-7.5) who is depicted in the law enforcement recording.
 - Name of Incapacitated Person: _____
- ☐ I am the owner, tenant, lessee, or occupant of real property and the interior of the real property is depicted in the law enforcement recording.
 - Address of the Property: _____
- ☐ I am a person who is the victim of a crime and the events depicted in the law enforcement recording are relevant to the crime committed against me.

- ☐ I am a person who suffered a loss due to personal injury or property damage and the events depicted in the law enforcement recording are relevant to my loss.
- ☐ **None of the above.** **If none of the above selections apply to you, you may not request to inspect the law enforcement recording pursuant to Indiana Code § 5-14-3-5.1 and you must submit a request pursuant to Indiana Code § 5-14-3-5.2.*

Pursuant to Indiana Code § 5-14-3-3(i), please identify the Law Enforcement Recording requested by providing the following REQUIRED information:

Date of the law enforcement activity depicted in the recording: _____

Approximate time of the law enforcement activity depicted in the recording: _____ A.M./P.M.

Name of at least one (1) individual, other than a law enforcement officer, who was directly involved in the law enforcement activity: _____

Other information that may help the Sheriff's Office to identify and locate the requested law enforcement recording: _____

Mode of Access Requested:

- ☐ I wish to *inspect* the law enforcement recording individually or with my attorney using the Sheriff's Office equipment pursuant to Indiana Code § 5-14-3-5.1
- ☐ I wish to *inspect* the law enforcement recording using the Sheriff's Office equipment pursuant to Indiana Code § 5-14-3-5.2
- ☐ I wish to be *provided a copy* of the law enforcement recording by the Sheriff's Office pursuant to Indiana Code § 5-14-3-5.2

If requesting a copy of the law enforcement recording, the Sheriff's Office may provide the copy to me as follows:

- ☐ By mail at: _____
- ☐ By e-mail at: _____
- ☐ Other: _____

Acknowledgment of Request: I understand that Indiana Code § 5-14-3-9 requires an initial acknowledgment of and/or response to this request within a specific period of time depending upon how the request was made by me.

Approval or Denial: I understand that, pursuant to Indiana Code § 5-14-3-3(b), the Sheriff's Office will produce the requested law enforcement recording for inspection or provide me with a

copy of the law enforcement recording within a reasonable time if this request is granted. If the Sheriff's Office denies the request, the denial will be in writing and will state the statutory exception authorizing the withholding of all or part of the law enforcement recording requested and state the name and title/position of the person that has authorized the denial.

Obscuring Required Information: I understand that, should this request be granted, the Sheriff's Office will obscure any information that is required to be obscured pursuant to the Indiana Access to Public Records Act and may obscure any additional as may be permitted.

Non-Existent Records: I understand that the Indiana Access to Public Records Act only applies to records that are already in existence at the time the request is made. The Sheriff's Office is not required to create any records that do not exist in order to satisfy a public records request.

Charges: I understand that the charge for producing a copy of the law enforcement recording shall be the direct cost to the Sheriff's Office and may not exceed One Hundred and Fifty Dollars (\$150.00) per recording. I understand that other charges may apply to cover direct costs of reproducing records using other media and for the inspection of the law enforcement recordings, where applicable. I understand that a separate fee will be charged for the certification of records. I understand that postage will be charged for mailing the requested records and, to avoid postage charges, I may pick up the requested law enforcement recording in person or send a self-addressed, stamped envelope. **I understand that all charges must be paid to the Dearborn County Sheriff's Office before the requested records will be made available for inspection or before a copy will be provided to me.**

Date: _____

Signature

Printed Name

(THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK)

DEARBORN COUNTY SHERIFF'S OFFICE USE ONLY

Request Received by: _____

Date of Request: _____ Time of Request: _____ A.M./P.M.

Date response provided: _____

- Response provided by _____

Direct Cost to Sheriff's Office: \$ _____

Cost to certify record: \$ _____

Postage: \$ _____

Total cost to be paid: \$ _____ Date Paid: _____

Date records produced or denial issued: _____

- Records produced or denial issued by: _____