

TOWN OF CEDAR LAKE

Lake County, Indiana

Request for Inspection or Copying of a Public Record



Request for Inspection or Copying of a Public Record Made by:

Name: _____

Address: _____

Phone: _____

I hereby request the Town of Cedar Lake to permit me or my designated agent to inspect and/or copy the following public record(s):

I request the Town of Cedar Lake to copy the above record(s) for me, and agree to pay for the cost at the following rate effective July 1, 2007; not to exceed ten cents (\$.10) per page. Standard sized documents are those which can be photocopied without reduction or enlargement on 8-1/2" x 11" or 8 1/2" x 14" paper.

I request only 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 pursuant to Indiana Code IC 5-14-3-4(c).

Date of Request: _____ Time: _____

Signature of Requesting Person

Date Received: _____ Time: _____

Public Agency