



Request for Inspection or Copying of a Public Record

Request made by:

Name: _____

Address: _____

Phone: _____

Email: _____

My preferred method of contact is (check one):

By U.S. Mail By Email

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

I understand that the Town of Cedar Lake will charge for copies, and I agree to pay for the cost at the following rate effective July 1, 2007; not to exceed ten cents (\$0.10) per page, black only, on standard paper stock. Standard-sized documents are those which can be photocopied without reduction or enlargement on 8-1/2" x 11" (letter) or 8-1/2" x 14" (legal) paper. I request only one (1) copy of each record. 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). If I request electronic copies, I understand that I may be required to supply a flash drive or CD for available documents to be downloaded onto the device.

Date of Request: _____ Time: _____

Signature of Requesting Person: _____

PUBLIC AGENCY USE ONLY

Date Received: _____ Time: _____ Received by: _____