



# Cedar Lake Police

7408 Constitution P.O. Box 305  
Cedar Lake, IN 46303  
(219) 374-5416 FAX (219) 374-9231



www.cedarlakein.org

## ACCESS TO PUBLIC RECORD REQUEST

DATE OF REQUEST: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_

NAME OF REQUESTING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Identify with reasonable particularity the information requested. If requesting to inspect or copy a law enforcement recording, include the date and approximate time of the activity, the specific location where the activity occurred, and the name of at least one (1) individual other than a law enforcement officer, who was directly involved in the activity per I.C. 5-14-3-3(i):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request only one (1) copy of each record requested. I understand that a list of employees of a Public Agency cannot be used for commercial purposes pursuant to I.C. 5-14-3-4(c).

I request the Cedar Lake Police Department to copy the above records for me, and agree to pay for the cost at the following rate per Town Ordinance:

\$10.00 per Crash Report

\$0.10 per page on Incident Reports

\$5.00 certified Incident Reports

\$10.00 per photos & media on a Disc (we do not print photos)

\$58.00 recording to 29 minutes / \$92 recording to 59 minutes / \$134 recording to 89 minutes / \$150 recording of 90 minutes or more

\_\_\_\_\_  
Signature of requesting Person:

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

\_\_\_\_\_  
Employee Receiving Request:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:

### INTER OFFICE USE ONLY

☐ Fulfilled ☐ Denied Date/Time Completed: \_\_\_\_\_

Reason for Denial (if applicable): \_\_\_\_\_

Name and Title of person completing the request: \_\_\_\_\_

Amount Charged: \_\_\_\_\_