

**REQUEST FOR PUBLIC RECORDS
CITY OF ROCHESTER, INDIANA**

Request for Records pursuant to Indiana Access to Public Records Act (IC 5-14-3-1, et seq., as amended)

Name of Requesting Party: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please mark the documents requested.

☐ Common Council Meeting Minutes; specify date(s) _____

☐ Board of Works Meeting Minutes; specify date(s) _____

☐ Other Meeting Minutes; specify which committee/board and date(s) _____

☐ Other Documents (Please be specific in which documents are being requested): _____

(Please use back side of page if additional space is needed)

This request is (please select one)

() for permission to inspect records

() to request a copy of records

There may be a fee associated with the request for documents.

Please indicate if you would like to be notified of the fee before copies are made. () YES () NO

I hereby acknowledge responsibility for the request of documents and payment to the City of Rochester of all reasonable charges incurred by the City to make such documents available for inspection and copying.

Signature: _____ **Date:** _____

NOTE: Upon receiving this completed form, the City of Rochester may need to review its files to determine if the requested records exist and are disclosable. You will be contacted soon thereafter to advise you of its determination. If your request is denied, you will be given written notice of the statutory authority for the denial and the name and title or position of the person responsible for the denial.

FOR AGENCY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Receipt Information: Date and time request received: _____

Individual and department receiving request: _____

Date and time request sent to Legal, if required: _____

If Denied, reason and IC code for denial: _____

Notes: _____