

# City of Huntingburg

P.O. Box 10  
508 E Fourth Street  
Huntingburg, IN 47542  
Phone: (812) 683-2211



## **Request for Disclosure of Public Records**

*By completing this form, you are helping us administer the Access to Public Records Act.*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State/Zip)

**Telephone Number:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Time of Request:** \_\_\_\_\_

**Please identify with reasonable particularity the record(s) being requested:**

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

**This is a request for:** \_\_\_\_\_ **You to allow me to inspect the record(s)**  
(Check One)

\_\_\_\_\_ **You to provide me with a copy of the record(s) at ten cents per page or the actual cost of copying, whichever is greater. I understand that I must pay the copying fee before the records will be released.**

**Please Do Not Write Below This Line – For Office Use Only**

Date and time request received: \_\_\_\_\_

Name of person receiving request: \_\_\_\_\_

Disposition of request: \_\_\_\_\_

Disposition date and time: \_\_\_\_\_

Records Access Officer approval: \_\_\_\_\_

**Amount paid for \_\_\_\_\_ pages:** \_\_\_\_\_