

**PUBLIC RECORDS REQUEST
TOWN OF LAPEL, INDIANA**

Name of Requesting Party				
Address		City	State	Zip
Telephone	Date of Request	Time of Request	Submitted <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile	
Email of Requesting Party		Signature of Requesting Party		
Name of Town Public Agency having records (if known) i.e., Clerk-Treasurer; Plan Commission, Parks Department.				
Records Requested. Please be specific. Use the back of form if additional space is needed.				
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.				

******* TOWN/EMPLOYEES MUST SUBMIT REQUESTS TO THE *****
CLERK-TREASURER (765-534-3157) AND CITY ATTORNEY (765-552-9878)
TOWN USE ONLY**

Request Received By		Department	Date and Time Received	
Acknowledged Receipt (Attorney use only) <input type="checkbox"/> Email <input type="checkbox"/> Telephone				
Attorney Comments				
ATTORNEY DECISION				
INFORMATION IS ____ DISCLOSABLE		INFORMATION IS NOT DISCLOSABLE ____		
Attorney Comments and Instructions: _____				
Attorney Signature _____		Date of Decision _____		
Letter sent (Date)	Decision Sent To	Date	By	
Informed requesting Party that information is _____ DISCRETIONARY DISCLOSURE or _____NON-DISCLOSABLE				
Date	Signature	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email		