

HOWARD COUNTY, INDIANA

GENERAL FORM REQUEST FOR PUBLIC RECORDS

Pursuant to the Access to Public Records Act (Indiana Code 5-14-3-1, et seq.), this is to request a copy of the following public records from Howard County:

(Describe records with reasonable particularity and deliver this Form to the County office or department from whom you are seeking records):

I understand that there is a copying fee of twenty cents (\$.20) per page, payable at the time the copies are delivered to me.

I further understand that if I hand-deliver this request, Howard County must respond within twenty-four (24) business hours after receipt. However, if this request is sent to Howard County by FAX, regular mail or electronic mail, Howard County must respond within seven (7) calendar days after receipt.

Requesting Party:

Signature: _____

Printed Name: _____

Address: _____

Phone No: _____

Email: _____

Dated: _____, 2015

For Howard County use only:

Received _____, 2015 at _____ o'clock ____m.

By: ___ hand-delivery; ___ FAX; ___ regular mail; ___ Email

Received by: _____