

TOWN OF THORNTOWN
TOWN HALL
101 WEST MAIN ST.
THORNTOWN, INDIANA 46071

REQUEST FOR PUBLIC RECORDS

Name: _____

Address: (optional) _____

Date of Request: _____ Time of Request: _____

Public Record Requested: (Please circle) INSPECTION or COPY

(Must be specified with reasonable particularity)

Approximate date of Record being requested: _____

Address of Record being requested (if applicable): _____

Department where record is located: _____

By submitting this form, Requester represents that he/she will comply with Town Policy and all applicable laws.

FOR TOWN PURPOSE ONLY

Name of employee conducting records search _____

Number of pages in document requested: _____ Total costs: \$ _____

Record release authorized by: _____ Date: _____

If record release is denied:

By whom: _____ Date: _____

For what reason: _____