



TOWN OF
WHITELAND

PUBLIC RECORDS REQUEST

This Public Records Request is subject to Indiana Code 5-14-3

Requestor Information		
Request Date (mm/dd/yyyy)	Work Phone	Cellular Phone
Name		E-Mail
Company (if applicable)		
Describe in detail the record(s) you are requesting. Be as specific as possible. (additional pages may be used if necessary)		
Reason for the Request		

Copy Fees		
I understand that copies made from this request are subject to fees established in Ord 2001-13, as follows:		
_____ ea	Copies of any size (@ \$0.10 / page)	\$ _____
_____ ea	Fax sent or received (@ \$0.10 / page)	\$ _____
	US Postal Fees	\$ _____
	Total Charges	\$ _____

Requestor's Signature

PLEASE EMAIL PUBLIC RECORDS REQUEST TO : CYOUNG@WHITELAND.IN.GOV

Town Use Only	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Denied</i>
By:		
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Signature</i>

<i>Date (mm/dd/yyyy)</i>		