



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 : JJONES@WHITELAND.IN.GOV

Town Use Only

☐ Approved

☐ Denied

By:

Name

Title

Signature

Date (mm/dd/yyyy)