



# TOWN of MOORESVILLE

4 East Harrison Street

Mooresville, Indiana 46158

Telephone (317) 831-1608

Fax (317) 831-9559

## TOWN OF MOORESVILLE, INDIANA - PUBLIC RECORDS REQUEST FORM:

TO: Street Department \_\_\_\_\_  
Clerk's Office \_\_\_\_\_  
Police Department \_\_\_\_\_  
Fire Department \_\_\_\_\_  
Sewer Department \_\_\_\_\_

Pursuant to the Access to Public Records Act (Indiana Code 5-14-3, I would like to obtain copies of the following public records:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(Please be sure to describe the records sought with enough detail for the public agency to be able to respond.)

I understand that if I seek copies of these records; there may be a copying fee. Could you please inform me of that cost prior to making the copies? I can be reached at \_\_\_\_\_.

According to statute, we have seven (7) days **to respond** to the request if delivered by email, fax or U.S. Mail. If hand delivered, we have 24 hours **to respond**. If we choose to deny the request, we are required to respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial. Thank you for your assistance on this matter.

REQUESTERS NAME \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

REQUEST COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_