

Town of McCordsville
Office of the Clerk-Treasurer

Request to Review and/or Copy a Public Record

STATEMENT OF REQUESTOR: This is a request to review the following public record(s).

REQUESTOR FURTHER STATES: I understand that such review must be conducted in the presence of a representative of the Town of McCordsville and that I may not remove any records without the advance, written authorization of said representative. I understand that if I request any copies, the copying fee must be paid in advance. I acknowledge that IC 5-14-3, Access to Public Records, has been made available to me.

Name of requestor (printed)

Signature of requestor

Title of requestor, if any

Contact Phone or Email

Date signed

RESPONSE BY TOWN: The request is APPROVED/DENIED (Representative to circle the appropriate response. If the request is denied, enter the reason here: _____.)

Name of representative (printed)

Signature of representative

Title of representative

Date of approval or denial

CONCLUDING STATEMENT OF REQUESTOR: I have been given the opportunity to review the above described records and any copies that I requested have been made for me.

Signature of requestor

Date signed