

**REQUEST TO VIEW AND/OR COPY A PUBLIC RECORD/INFORMATION
OF THE HAMMOND CITY CLERK'S OFFICE**

Pursuant to I.C. 5-14-3-1 et seq

Please READ, COMPLETE and SIGN THIS FORM

(time stamp)

DATE OF REQUEST: _____

- _____ I request a copy of the following public record(s)/information**
- _____ I request certified copies of the following public record(s)/information**
- _____ I request to view the following public record(s)/information
- _____ I request to pay on the following public record(s)/information

****ALL COPIES MUST BE PRE-PAID ACCORDING TO THE FOLLOWING:
DOCUMENTS ARE \$.10 PER PAGE ADD \$5.00 TO ANY DOCUMENT IF REQUESTING IT TO BE
CERTIFIED (ORD No. 9370)**

Name (print) Signature

Contact Address (optional) Contact Phone Number (optional)

(Identify with reasonable particularity the record(s)/information being requested)

RECORD(S)/INFORMATION REQUESTED: _____

I understand that reviewing public records must be done in the presence of an employee of this office and that no records may be removed from this office.

I HAVE BEEN GIVEN THE OPPORTUNITY TO VIEW AND/OR COPY THE MATERIALS REQUESTED.

Signature Date

If your request or a portion of your request is denied, it may be that the record(s) or information is declared confidential by state law.

CLERK PORTION ONLY

Record(s) will be ready to view, pick up, mailed or processed on date: _____ time: _____

No. of pages in Document requested _____ Total Cost \$ _____ Received By _____

REQUEST HAS BEEN DENIED for the following reason:

- _____ *The Hammond City Clerk's office does not contain the information you are requesting.*
- _____ *The Hammond City Clerk's office does not contain any records matching your request.*
- _____ *Other:* _____

By whom Title Date