

**CITY OF EVANSVILLE, INDIANA**

Request For Records Pursuant To Indiana Access To Public Records Act  
(I.C. 5-14-3-1, et seq., as amended)

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name of person requesting information: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization: \_\_\_\_\_

Please identify as specifically as possible the information, record, or document requested (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether you wish to inspect the record or wish to obtain a copy:

Inspect     Copy

I understand that the Public Records Act requires an initial response to my request, but not the actual production of records, within a statutorily specified time period. I understand that if I request copies of public records, those copies will be provided to me within a reasonable period of time after the initial response to my request. I further understand that if the request is denied, the City of Evansville will 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. The City may provide me with its response to this request:

By mail at \_\_\_\_\_

By facsimile transmission at \_\_\_\_\_

Other \_\_\_\_\_

Photo Copy Charge: \$0.10 per page (except police accident reports and fire incident reports, \$10.00 each). Other charges may apply to cover costs of reproducing materials in other mediums. A fee will be charged for the certification of documents and for the facsimile transmission of documents. Also, you will be charged for postage in the mailing of the requested documents to you. To avoid postage charges, you may pick up documents in person or send a self-addressed, stamped envelope. All charges must be paid to the City of Evansville before the requested documents will be sent or given you.

Signature of requestor: \_\_\_\_\_

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**Office use only**

**Request received by (check one):**

**Mail** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**In Person** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **at** \_\_\_\_\_ **.m. on** \_\_\_\_\_, **202**\_\_\_\_\_.

**Printed Name and City Department:** The Evansville Fire Department

**Sent to Legal Department for response on:** \_\_\_\_\_ **by:** \_\_\_\_\_

**Response sent to requestor on:** \_\_\_\_\_

**Name of person who sent response to requestor:** \_\_\_\_\_

**Amount of charges:** \_\_\_\_\_