Request for Public Records
Held by Perry County Public Library

The following request is made under Indiana Code 5-14-3.

Name: _________________________________________________________________
Organization: ___________________________________________________________________
Address: ____________________________________________________________________  Zip code: _____________
Phone: _______________________________  Fax: ____________________________
Email: _________________________________________________________________

Name(s) of document(s) requested:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If the document name is not known, provide brief, specific description of the
document requested. Please attach additional pages as needed to list items in
detail.

________________________________________________________________________  Date: ______________

Signature

For Staff Use Only

Request received by: ______________________________  Date/Time: ______________________________
Request processed by: ______________________________  Date/Time: ______________________________
If denied, date: ______________  Reason: ________________________________________________
Request denied by: _____________________________________________________________________
  (Name and title. Attach written denial.)
Time spent assembling the records in this request: ______________
Date/time of appointment for viewing of records: ______________
Appointment confirmed with requester by: ___________  (initials)  Date: ______________
Records viewed  Yes  No  Date/Time: ______________________________
Copying Fee: __________________________  Payment rec’d: __________________________