

Request for Access or Copy of Public Record

Date: _____

To: Gibson County Sheriff's Department

Pursuant to the Indiana Access to Public Records Act (IC 5-14-3), I would like to (check one) INSPECT() or OBTAIN A COPY OF () the following public records:

Be sure to describe the records you are requesting with enough detail that we will be able to locate those records. If more space is needed, continue on back page.

I understand that if I seek a copy of this record, there may be a copying fee. I can be reached at the following phone number: _____ when the records are ready.

According to the statute, you have ____ day(s) to respond to this request. (If this letter is delivered personally to the Sheriff's Office, you have 24 hours to respond, if the letter is delivered by mail or fax, you have seven days to respond to this request). If you choose to deny the request, then you 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.

Signature of requestor

Release of requested records approved _____
denied _____

Signature of G.C.S.D. Administration

Reason for denial: _____

Records received by: _____ Date: _____