

LAPORTE COUNTY SHERIFF'S OFFICE
ACCESS TO PUBLIC RECORDS REQUEST

Pursuant to Access to Public Records Act (APRA), I.C. 5-14-3, I request to inspect or obtain a copy of the following public records:

NAME OF REQUESTING PARTY _____ Criminal Case: Yes _____ No _____

ADDRESS OF REQUESTING PARTY _____ Civil Case: Yes _____ No _____

PHONE NUMBER _____ DATE OF REQUEST _____ TIME _____

SIGNATURE OF REQUESTING PARTY _____

INFORMATION REQUESTED: Please be specific. Use the back of this form if additional space is needed.

DEPARTMENT HAVING INFORMATION REQUESTED (if known) _____

ALL DECISIONS AS TO THE DISCLOSABILITY MUST BE MADE AND THE REQUESTING PARTY WILL BE ADVISED OF SAME WITHIN 24 HOURS AFTER THE REQUEST IS RECEIVED.

INTEROFFICE USE ONLY

Name of Employee Handling Request: _____ Date: _____

Department: _____

INFORMATION DISCLOSABLE: _____ INFORMATION NON-DISCLOSABLE _____

Attorney Comments:

Attorney Signature _____

Date of Decision _____

Informed Requesting Party that information is: Disclosable: _____ Non-Disclosable: _____

Request Received by Employee: _____ Date: _____

Copy of form is time and date stamped and given to the requestor: Date: _____