



1969 Central Avenue
Lake Station, IN 46405
Phone (219) 962-2081 Ext. 204 Fax (219) 963-9275
Clerk Treasurer: Brenda Samuels

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

EMAIL
 COPY

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE IDENTIFY WITH REASONABLE PARTICULARITY THE RECORD(S) BEING REQUESTED:

THIS IS A REQUEST FOR YOU TO ALLOW ME TO INSPECT THE RECORDS AND REVIEW AND MARK THE DOCUMENT(S) I WOULD LIKE COPIED. (If you request copies the cost is \$.10 per page) IF YOU REQUEST THE INFORMATION TO BE EMAILED THERE IS NO CHARGE.

SIGNATURE OF PERSON REQUESTING RECORDS

FOR OFFICE USE ONLY:

Date and Time Request was Received

Name of person Receiving Request