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REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE OF REQUEST: _____ TIME OF REQUEST: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE IDENTIFY WITH RESONABLE 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