

Request to Inspect Public Records Held by Monroe 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.

Signature

Date: _____

11/07?ADM/CR

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: _____