



CITY of MARION

ACCESS TO PUBLIC RECORDS REQUEST

REQUESTER INFORMATION

Name: _____

Organization/Entity, if applicable: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

RESIDENCY

☐ I am an Indiana resident.

☐ I am not an Indiana resident.

REQUEST SUBMITTED ON BEHALF OF

☐ Myself ☐ Another person - Indiana resident ☐ Another person - Non Indiana resident

☐ An entity based in Indiana ☐ An entity not based in Indiana

Name of person/entity, if applicable: _____

PURPOSE OF REQUEST

☐ Civic or philanthropic use ☐ Journalistic use ☐ Academic use ☐ Personal use

☐ Commercial use ☐ Other: _____

RECORDS REQUESTED

Pursuant to the Indiana Access to Public Records Act (IC 5-14-3), I request to:

☐ INSPECT the following public records ☐ OBTAIN A COPY of the following public records

Please describe the records requested with reasonable particularity:

PROCESSING OF REQUEST

The City will acknowledge and process requests in accordance with the Indiana Access to Public Records Act. The time required to produce responsive records will depend on the nature and scope of the request, the location and volume of responsive records, any necessary legal review or redaction, and the City's operational responsibilities.

FEES

Fees may apply for the inspection, copying, reproduction, processing, or transmission of public records as authorized by the Indiana Access to Public Records Act and other applicable law. The City will notify the requester of any applicable fees, when appropriate, before copies are produced or records are provided. Applicable fees may be required to be paid in advance.

Additional fees may apply to requests submitted by non-Indiana residents or out-of-state entities as authorized by IC 5-14-3-8.

REQUESTER

Printed Name: _____ Date: _____

Signature: _____

SUBMISSION

Completed requests may be submitted at **RECORDSREQUEST@CITYOFMARION.IN.GOV**

FOR OFFICE USE ONLY

Date Received: _____

☐ Approved ☐ Approved in Part ☐ Denied

Description of the denial (part of OR in full): _____

Responsible Person: _____ Title/Position: _____