



CITY of MARION

ACCESS TO PUBLIC RECORDS

NAME: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

EMAIL: _____ PHONE: _____

Pursuant to the Indiana Access to Public Records Act (IC 5-14-3), I would like to INSPECT or OBTAIN A COPY (circle one) of the following public records:

I understand that if I seek a copy of the record, THERE IS A COPYING FEE OF \$.10 per page that must be paid at the time of pick up. I also understand that for any audio copies there is a \$10.00 fee for each copy and for each case that I request. I understand that I will be contacted prior to the copies being made about the total fee. I understand that depending on the size of the file, it may take up to 14 business days to make all of the copies necessary. If you choose to deny the request, then you are required to respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title of the position of the person responsible for the denial.

APPLICANT'S PRINTED NAME: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

APPROVED: _____

Approved By: _____ Date: _____

Title: _____

DENIED: _____

Statutory exception authorizing the withholding of all or part of the public record: _____

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

Denied By: _____ Date: _____

Title: _____

PLEASE RETURN THIS COMPLETED FORM TO:
RECORDSREQUEST@CITYOFMARION.IN.GOV