



MARION POLICE DEPARTMENT
301 S. BRANSON STREET
MARION, IN 46952

David M. Gilbert, Chief of Police | Mark Stefanatos, Deputy Chief | Chris Butche, Deputy Chief

REQUEST FOR RELEASE OF RECORDS

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

Case Number and/or Details:

Four horizontal lines for case details.

I understand that if I seek a copy of the record, there is a fee per page that must be paid at the time of pick up. I also understand that for any audio copies there is also a 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 can be reached at (\_\_\_\_\_) \_\_\_\_\_.

FEES: PAPER COPIES \$1.00 PER PAGE, PHOTOGRAPHS \$10.00 PER CD, ACCIDENT REPORTS \$5.00, BODY WORN AND CAR CAMERA VIDEO UNDER 60 MINUTES \$100, BODY WORN AND CAR CAMERA VIDEO OVER 60 MINUTES \$150

OFFICE USE ONLY: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

IF DENYING THE REQUEST: Statutory exception authorizing the withholding of all or part of the public record:

Horizontal line for statutory exception.

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

Horizontal line for denial description.

SIGNATURE OF DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE OR POSITION: \_\_\_\_\_