



STARKE COUNTY, INDIANA

ACCESS TO PUBLIC RECORDS REQUEST

Name of Requesting Party: _____

Company (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

Date: _____ TIME (if requested in person): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE RECORDS REQUESTED:

Note: If the request exceeds 40 copied pages, \$0.10 will be charged per page payable by check or cash. Electronic records may be available at no charge. Please include your email address if you wish to receive electronic records.

Inter-Office Use Only

Date Request Received: Date Request Denied (if applicable)

Employee Handling Request Date Request Fulfilled

Amount charged (if applicable) Payment Collected and Processed

Date Department Responded