



LAPORTE COUNTY SHERIFF'S OFFICE

ACCESS TO PUBLIC RECORDS REQUEST

Pursuant to Access to Public Records Act (APRA) I.C. 5-14-3, I request to inspect or obtain a copy of the following public records:

NAME OF REQUESTING PARTY: _____ Criminal case: Yes _____ No _____

ADDRESS OF REQUESTING PARTY: _____ Civil Case: Yes _____ No _____

EMAIL ADDRESS _____

DATE OF REQUEST _____ **SIGNATURE** _____

PHONE _____

INFORMATION REQUESTED: Please be specific. Use the back of this form if additional space is needed.

DEPARTMENT HAVING INFORMATION REQUESTED (if known) _____

ALL DECISIONS AS TO THE DISCLOSABILITY MUST BE MADE AND THE REQUESTING PARTY WILL BE ADVISED OF SAME WITHIN 24 HOURS AFTER REQUEST IS RECEIVED.

_____ **INTEROFFICE USE ONLY** _____

Name of Employee handling Request: _____ Date _____

Department _____ Disclosable _____ Non-Disclosable _____

Attorney Comments: _____

ATTORNEY SIGNATURE _____ **Date of Decision** _____

Informed Requesting party that Information is: Disclosable _____ Non-Disclosable _____

Request Received by Employee: _____ **Date** _____

Copy of form is time and date stamped and given to the requestor. Date _____

