



TOWN OF GRIFFITH  
OFFICE OF CLERK TREASURER

REQUESTORS PHONE # \_\_\_\_\_  
REQUESTER E MAIL \_\_\_\_\_

REQUESTOR ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**REQUEST TO REVIEW AND/OR COPY A PUBLIC RECORD**

STATEMENT DISCLOSURE: This is a request to review the following public record(s):

\_\_\_\_\_  
\_\_\_\_\_

(If you need additional space, attach a request as an exhibit hereto. The records requested must be described with Reasonable particularity)

Please note that a fee of \$.10 will be charged for each regular copied page and \$.25 will be charged for color copied pages Pursuant to IC 5-14-3-8.

NAME OF REQUESTOR (PRINT) \_\_\_\_\_  
NAME OF REQUESTOR (SIGNED) \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

RESPONSE BY TOWN: The request is APPROVED/DENIED/TURNED OVER TO LEGAL COUNSEL (Representative to circle the appropriate response. If the request is denied, enter the reason here: \_\_\_\_\_  
\_\_\_\_\_

If approved, the approximate date the records will be available: \_\_\_\_\_ If turned over to legal counsel, the approximate date the requester will receive a response: \_\_\_\_\_

DATE OF APPROVAL/DENIAL OR TURNED OVER TO LEGAL COUNSEL: \_\_\_\_\_

NAME OF REPRESENTATIVE (printed) \_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE \_\_\_\_\_  
TYPE OF REPRESENTATIVE \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Received by the Clerk Treasurer on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ m.

By: \_\_\_\_\_

Sent to legal counsel for response? YES \_\_\_\_\_ NO \_\_\_\_\_

Documents produced or made available? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, documents available on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, \_\_\_\_\_ m.

If no, response(s): \_\_\_\_\_