



TOWN OF GRIFFITH

Freedom of Information Act (FOIA) Request Form

REQUESTER'S ADDRESS: _____ REQUESTER'S PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTER'S E-MAIL ADDRESS: _____

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.)

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. Per Town Ordinance No. 2025-2, body camera footage will have a charge of \$50.00-\$150.00 dependent upon the staff time incurred. For repeated requests to resend video files after the requested video has already been sent to the requesting party, the Police Department shall charge a \$25.00 fee to fulfil the repeated request.

NAME OF REQUESTER (PRINT): _____

REQUESTER'S SIGNATURE: _____ DATE: _____

RESPONSE BY TOWN: The request is APPROVED / DENIED / TURNED OVER TO LEGAL COUNSEL (Town 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 / TURNED OVER TO LEGAL COUNSEL: _____

NAME OF REPRESENTATIVE: GINA A. SMITH, CLERK-TREASURER _____

SIGNATURE OF REPRESENTATIVE

.....

FOR INTERNAL USE ONLY

Received by the Clerk-Treasurer on the _____ day of _____, 20____ at _____ m.

By: _____ Sent to legal counsel or 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): _____

OFFICE OF CLERK-TREASURER
111 N. Broad Street, Griffith, IN 46319
Phone: 219-924-7500 FAX: 219-922-3072