



Town of Winfield

10645 Randolph Street, Winfield, Indiana 46307
Phone (219) 662-2665 Fax (219) 663-2431

Request for Access and Disclosure of Public Records

By completing this form, you are helping in the administration of the Access to Public Records Act (I.C. 5-14-3).

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Date of Request: _____
Day Time

Please identify with reasonable particularity the record(s) being requested: _____

Request Information

Allow me to inspect the records

Provide me with a copy or copies of the record(s) according to the schedule of fees, Ordinance No. 76-B, passed and adopted by the Town of Winfield on February 23, 2016. I understand that the fee or fees must be paid before the record may be copied.

CURRENT FEES:

- \$.10 per page, letter or legal sized paper
- \$.25 per color copy, letter or legal sized paper
- \$ 5.00 per tape
- Custom items vary – Costs will be provided

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date and time of Request received: _____
(Fill out if different from date and time above)

Name of Person receiving request: _____

Disposition of request:

_____ Black & White Pages @ \$.10 = _____ Notes: _____

_____ Other (_____) = _____

Total = _____ Transaction #: _____ / /
Date