



**PUBLIC RECORDS REQUEST  
TOWN OF PENDLETON, INDIANA**

Name of Requesting Party			
Address		City	State
			Zip
Telephone	Date of Request	Time of Request	Submitted <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party		Signature of Requesting Party	
Name of Town Public Agency having records (if known) i.e., Clerk-Treasurer; Plan Commission, Board of Works.			
Records Requested. Please be specific. Use the back of form if additional space is needed.			
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			

**\*\*\*\*\* TOWN/EMPLOYEES MUST SUBMIT REQUESTS TO THE \*\*\*\*\*  
CLERK-TREASURER (765-778-7937) AND TOWN ATTORNEY (765-552-9878)  
TOWN USE ONLY**

Request Received By		Department	Date and Time Received
Acknowledged Receipt (Attorney use only) <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
Attorney Comments			
<b>ATTORNEY DECISION</b>			
INFORMATION IS ___ DISCLOSABLE		INFORMATION IS NOT DISCLOSABLE _____	
Attorney Comments and Instructions: _____			
Attorney Signature _____		Date of Decision _____	
Letter sent (Date)	Decision Sent To	Date	By
Informed requesting Party that information is _____ DISCRETIONARY DISCLOSURE or _____ NON-DISCLOSABLE			
Date	Signature	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email	