



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		
ATTORNEY DECISION 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