A. Request for Public Record:

1. Requesting Person: ________________________________________________
   Address: _________________________________________________________
   Number and Street                              City                                          State                   Zip
   Telephone: (_____)______________ Email: _____________________________
   Area Code

2. Public Record Requested (please identify in detail or attach separate sheet)

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. Date and Time of Request: ________________________________
   _____________________________________
   Signature of Requesting Person

   _____________________________________
   Signature of Requesting Person

   ________________________________
   For Office Use Only

4. Date Request Received: _________________________   Received By: ________________________________

5. Initial Response Action Sent: ______________________ Signature: ________________________________

B. IPFW Action on Above Request:

   _______ 1. Grant in full.

   _______ 2. Denied in full.
   Reason for Denial: __________________________________________________________

   _______ 3. Granted in part; denied in part.
   Reason for Partial Denial: _____________________________________________________

   ________________________________
   Date
   ________________________________
   Signature of Public Record Officer or Designee