A. Request for Public Record:

1. Requesting Person: ____________________________________________

   Address: _______________________________________________________

   Number and Street  City  State  Zip
   Telephone: _____________________________________________________

   Area Code  Number

2. Public Record Requested (please identify in detail):

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________

3. Date and Time of Request: _______________________________________

   _______________________________________________________________

   Signature of Requesting Person

B. IPFW Action on Above Request:

   1. Granted in full.

   2. Denied in full.

   Reason for Denial: _______________________________________________

   _______________________________________________________________


   Reason for Partial Denial: _________________________________________

   _______________________________________________________________

   Signature of Public Records Officer or Designee