



CITY OF LOGANSPORT, INDIANA

Request for Records under IC 5-14-3, the Indiana Access to Public Records Act

(Go to: www.in.gov/legislative/ic/code/)

I, _____, hereby request of the City of Logansport, Indiana, the right to inspect and copy the following Public Records:

Date submitted: _____, 20____.

The City may provide me with its response to this request, either:

- ☐ By e-mail transmission at _____;
- ☐ By fax transmission at _____; or
- ☐ By U.S. Mail at _____.

For Office:

Received by: _____ at ____:____.m., on _____ 20____.

Receiver's Signature: _____

Printed Name and City Department: _____

Sent to Mayor's Office for response on: _____ by _____

Received by Mayor's Office on: _____ by _____

Verification of Receipt
for
Requested Public Records

(see other side)

I, _____, have received requested Public Records this
(Printed Name)

_____ day of _____, 20 _____.

Signature

City Department Signature and Title