Requesting Access to Inspect and/or Copy Public Records

Pursuant to the Indiana Access to Public Records Act (Indiana Code 5-14-3)

I, ____________________________________________ (name) would like to INSPECT (____) and/or OBTAIN A COPY OF (____) the following public records in __________________________ (office):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Please identify with reasonable particularity the record(s) being requested for the agency to be able to respond.

I understand that if I request a copy of a public record, fees will be charged according to the fee schedule for the certification or copying of documents established in Wells County Council Resolution 99-4 and Wells County Ordinance No. 2018-04.

Date: __________________________

Name: __________________________

Contact Information, printed clearly (in case we need to reach you for further information):

________________________________________________________________________

________________________________________________________________________