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):

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