

**PUBLIC RECORDS (APRA) REQUEST  
HISTORIC PRESERVATION COMMISSION  
CITY OF SOUTH BEND**

<b>Name of Requesting Party:</b>					
<b>Address of Requesting Party:</b>		<b>City:</b>	<b>State:</b>		
		<b>Zip:</b>			
<b>Telephone:</b>	<b>Date of Request:</b>	<b>Time of Request:</b>	<b>Submitted (check one):</b> <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile		
<b>Email of Requesting Party</b>		<b>Signature of Requesting Party</b>			
<b>Property Address of Information Requested:</b>					
<b>Records Requested. Use the back of form if additional space is needed.</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> SURVEY CARD  <input type="checkbox"/> HISTORY  <input type="checkbox"/> ACTIVE CERTIFICATE OF APPROPRIATENESS  <input type="checkbox"/> PREVIOUS CERTIFICATE OF APPROPRIATENESS </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> 1932 ASSESSOR'S RECORD  <input type="checkbox"/> PICTURES  <input type="checkbox"/> INSPECTION REPORTS </td> </tr> </table>				<input type="checkbox"/> SURVEY CARD <input type="checkbox"/> HISTORY <input type="checkbox"/> ACTIVE CERTIFICATE OF APPROPRIATENESS <input type="checkbox"/> PREVIOUS CERTIFICATE OF APPROPRIATENESS	<input type="checkbox"/> 1932 ASSESSOR'S RECORD <input type="checkbox"/> PICTURES <input type="checkbox"/> INSPECTION REPORTS
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<b>OTHER (PLEASE BE SPECIFIC):</b> _____					
<b>Check one:</b> I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.					
<b>Check one:</b> I request to receive my records by: <input type="checkbox"/> in-person pick-up; or <input type="checkbox"/> REGULAR MAIL; or <input type="checkbox"/> EMAIL; or <input type="checkbox"/> FAX					

**\*\*\*\*\* DEPARTMENTS MUST SUBMIT REQUESTS TO THE \*\*\*\*\*  
LEGAL DEPARTMENT (APRA@SOUTHBENDIN.GOV) ON THE DAY OF RECEIPT**

**CITY OF SOUTH BEND USE ONLY**

<b>Request Received By:</b>	<b>Department:</b>	<b>Date and Time Received:</b>
<b>Acknowledged Receipt:</b> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
<b>Department Comments:</b> _____		
<b>ATTORNEY DECISION</b>		
<b>INFORMATION IS DISCLOSABLE _____</b> <b>INFORMATION IS NOT DISCLOSABLE _____</b>		
<b>Attorney Comments and Instructions:</b> _____		
<b>Attorney Signature:</b> _____		<b>Date of Decision</b> _____
<b>Letter sent (Date):</b>	<b>Decision Sent To:</b>	<b>Date:</b>
		<b>By:</b>
Informed requesting Party that information is _____ <b>DISCRETIONARY DISCLOSURE</b> or _____ <b>NON-DISCLOSABLE</b>		
<b>Date:</b>	<b>Signature:</b>	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email