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

<table>
<thead>
<tr>
<th>Name of Requesting Party:</th>
<th>Address of Requesting Party:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>Date of Request:</strong></td>
<td><strong>Time of Request:</strong></td>
<td><strong>Submitted (check one):</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ In Person □ Mail, Email or Facsimile</td>
<td></td>
</tr>
<tr>
<td>Email of Requesting Party</td>
<td>Signature of Requesting Party</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Property Address of Information Requested:**

**Records Requested. Use the back of form if additional space is needed.**

- [ ] SURVEY CARD
- [ ] 1932 ASSESSOR’S RECORD
- [ ] HISTORY
- [ ] PICTURES
- [ ] ACTIVE CERTIFICATE OF APPROPRIATENESS
- [ ] INSPECTION REPORTS
- [ ] PREVIOUS CERTIFICATE OF APPROPRIATENESS

**OTHER (PLEASE BE SPECIFIC):**

________________________________________________________________________________________

Check one: I request to □ INSPECT or □ BUY copies of the records requested.

Check one: I request to receive my records by: □ in-person pick-up; or □ REGULAR MAIL; or □ EMAIL; or □ FAX

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

**CITY OF SOUTH BEND USE ONLY**

<table>
<thead>
<tr>
<th>Request Received By:</th>
<th>Department:</th>
<th>Date and Time Received:</th>
</tr>
</thead>
</table>

**Acknowledged Receipt:**

- □ Email
- □ Telephone
- □ In Person Acknowledgement Form

**Department Comments:**

________________________________________________________________________________________

**ATTORNEY DECISION**

INFORMATION IS DISCLOSABLE _______  INFORMATION IS NOT DISCLOSABLE _______

**Attorney Comments and Instructions:**

_________________________________________ Date of Decision __________________________

**Attorney Signature:**

**Letter sent (Date):**

Decision Sent To: Date: By:

Informed requesting Party that information is ______ DISCRETIONARY DISCLOSURE or ______ NON-DISCLOSABLE

Date: Signature: □ In Person □ By Telephone □ By Email