

**PUBLIC RECORDS (APRA) REQUEST  
DEPARTMENT OF CODE ENFORCEMENT  
CITY OF SOUTH BEND**

<b>Name of Requesting Party:</b>			
<b>Address of Requesting Party:</b>		<b>City:</b>	<b>State:</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>			
<p style="text-align: center;"> <input type="checkbox"/> List of Violations      <input type="checkbox"/> Hearing Results      <input type="checkbox"/> Copies of Pictures      <input type="checkbox"/> Outstanding Invoices*  <small>* Invoice records do not constitute a payoff. If you require a payoff of all assessments, please complete a "payoff request form" with the Department of Code Enforcement.</small> </p> <p><b>Other (be specific):</b> _____</p>			
<p><b>Check one:</b> I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.</p> <p><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</p>			

**\*\*\*\*\* 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>		
INFORMATION IS DISCLOSABLE _____		INFORMATION IS NOT DISCLOSABLE _____
<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 _____ DISCRETIONARY DISCLOSURE or _____ NON-DISCLOSABLE		
<b>Date:</b>	<b>Signature:</b>	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email