

**PUBLIC RECORDS (APRA) REQUEST
CITY OF SOUTH BEND**

Name of Requesting Party:			
Address:		City:	State: Zip:
Telephone:	Date of Request:	Time of Request:	Submitted (check one): <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party:		Signature of Requesting Party:	
Name of Department having records, if known (i.e. Police, Building, Fire/EMS, Public Works):			
Records Requested. Please be specific. Use the back of form if additional space is needed. _____ _____ _____			
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			
Check one: 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

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