

**PUBLIC RECORDS (APRA) REQUEST  
DEPARTMENT OF CODE ENFORCEMENT  
DIVISION OF ANIMAL CARE & CONTROL  
CITY OF SOUTH BEND**

|   |                  |                                |  |
|---|------------------|--------------------------------|--|
| Name of Requesting Party:   |                  |                                |  |
| Address of Requesting Party:  |                  | City:                          | State:   |
|   |                  | Zip:                           |  |
| Telephone:  | Date of Request: | Time of Request:               | Submitted (check one):<br><input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile |
| Email of Requesting Party:  |                  | Signature of Requesting Party: |  |
| Property Address of Information Requested:  |                  |                                |  |
| Records Requested. Use the back of form if additional space is needed.  |                  |                                |  |
| Complaint(s) _____ Letter(s)/Notice(s) _____ Citations _____ License Information _____  |                  |                                |  |
| Other (be specific): _____  |                  |                                |  |
| _____   |                  |                                |  |
| 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 |                  |                                |  |

**\*\*\* SUBMIT REQUESTS TO THE LEGAL DEPARTMENT ([apra@southbendin.gov](mailto:apra@southbendin.gov)) \*\*\***

**CITY OF SOUTH BEND USE ONLY**

|  |                   |  |     |
|--|-------------------|--|-----|
| Request Received By:   | Department:       | Date and Time Received:  |     |
| Acknowledged Receipt (check one):<br><input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form |                   |  |     |
| Department Comments:<br>_____  |                   |  |     |
| <b>ATTORNEY DECISION</b>   |                   |  |     |
| 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 |     |