## 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):					
				□ In Person	🗆 Mail, Er	nail 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.									
<b>Check one:</b> I request to $\Box$ INSPECT or $\Box$ BUY copies of the records requested.									
<b>Check one:</b> I request to receive my records by:  in-person pick-up; or  REGULAR MAIL; or  EMAIL; or  FAX									

## \*\*\* SUBMIT REQUESTS TO THE LEGAL DEPARTMENT (apra@southbendin.gov) \*\*\*

## CITY OF SOUTH BEND USE ONLY

Request Received By:	Department:	Date and Time Rec	Date and Time Received:						
Acknowledged Receipt:									
$\Box$ Email $\Box$ Telephone $\Box$ In Person Acknowledgement Form									
Department Comments:									
ATTORNEY DECISION									
INFORMATION ISDISCLOSABLE									
Attorney Comments and Instructions:									
Attorney Signature:		Date of Decision:							
Letter sent (Date): Determined by Determined	ecision Sent To:	Date:		By:					
Letter sent (Date): De Informed requesting Party that info	rmation is DISCRETIO	NARY DISCLOSURE or	NON-DIS	SCLOSABLE					
Date: Signature:		□ In Person	By Telephone	⊔ By Email					