

**PUBLIC RECORDS (APRA) REQUEST
HISTORIC PRESERVATION COMMISSION
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): <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.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> SURVEY CARD <input type="checkbox"/> HISTORY <input type="checkbox"/> ACTIVE CERTIFICATE OF APPROPRIATENESS <input type="checkbox"/> PREVIOUS CERTIFICATE OF APPROPRIATENESS </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 1932 ASSESSOR'S RECORD <input type="checkbox"/> PICTURES <input type="checkbox"/> INSPECTION REPORTS </td> </tr> </table>				<input type="checkbox"/> SURVEY CARD <input type="checkbox"/> HISTORY <input type="checkbox"/> ACTIVE CERTIFICATE OF APPROPRIATENESS <input type="checkbox"/> PREVIOUS CERTIFICATE OF APPROPRIATENESS	<input type="checkbox"/> 1932 ASSESSOR'S RECORD <input type="checkbox"/> PICTURES <input type="checkbox"/> INSPECTION REPORTS
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OTHER (PLEASE 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) *****

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	