

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

Name of Requesting Party:			Relationship to Case:	
Address:		City:	State:	Zip:
Telephone:	Date of Request:	Time of Request:	Submitted: <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile	
Email of Requesting Party:			Signature of Requesting Party:	
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				

**\*\*\* 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): <input type="checkbox"/> Email <input type="checkbox"/> Telephone		
Department Comments: _____ _____		
<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