

**PUBLIC RECORDS (APRA) REQUEST
WATER WORKS
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:	
Service Location Address:			
Records Requested:			
____ Accounts Receivable ____ Combined History ____ Charges ____ Bills (specify month(s) requested below)			
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) *****

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 <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