

**PUBLIC RECORDS (APRA) REQUEST  
WATER WORKS  
CITY OF SOUTH BEND**

<b>Name of Requesting Party:</b>			
<b>Address of Requesting Party:</b>		<b>City:</b>	<b>State:</b>
			<b>Zip:</b>
<b>Telephone:</b>	<b>Date of Request:</b>	<b>Time of Request:</b>	<b>Submitted (check one):</b> <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
<b>Email of Requesting Party:</b>		<b>Signature of Requesting Party:</b>	
<b>Service Location Address:</b>			
<b>Records Requested:</b>			
_____ History Print      _____ Payments      _____ Charges      _____ Bills (specify month(s) requested below)			
<b>Other (be specific):</b> _____			
_____			
<b>Check one:</b> I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			
<b>Check one:</b> 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**

<b>Request Received By:</b>	<b>Department:</b>	<b>Date and Time Received:</b>
<b>Acknowledged Receipt (check one):</b> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
<b>Department Comments:</b> _____		
<b>ATTORNEY DECISION</b>		
<b>INFORMATION IS DISCLOSABLE</b> _____		<b>INFORMATION IS NOT DISCLOSABLE</b> _____
<b>Attorney Comments and Instructions:</b> _____		
_____		
<b>Attorney Signature:</b> _____		<b>Date of Decision</b> _____
<b>Letter sent (Date):</b>	<b>Decision Sent To:</b>	<b>Date:</b>
		<b>By:</b>
<b>Informed requesting Party that information is:</b> _____ <b>DISCRETIONARY DISCLOSURE</b> or _____ <b>NON-DISCLOSABLE</b>		
<b>Date:</b>	<b>Signature:</b>	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email