

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

<b>Name of Requesting Party:</b>			
<b>Address:</b>		<b>City:</b>	<b>State:</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>Property Address of Information Requested:</b>			
<b>Records requested - please be specific:</b>			
List of Violations	Hearing Results	Copies of Pictures	Outstanding Invoices*
* Invoice records do not constitute a payoff. If you require a payoff of all assessments, please complete a "Payoff Request Form."			
Other (be specific): _____			
Check one: I request to      INSPECT or      BUY copies of the records requested.			
Check one: I request to receive my records by:      in-person pick-up; or      REGULAR MAIL; or      EMAIL; or      FAX			

\*\*\*\*\* DEPARTMENTS MUST SUBMIT REQUESTS TO THE LEGAL DEPARTMENT  
(apra@southbendin.gov) ON THE DAY OF RECEIPT\*\*\*\*\*

**CITY OF SOUTH BEND USE ONLY**

<b>Request Received By:</b>	<b>Department:</b>	<b>Date and Time Received:</b>
<b>Acknowledged Receipt:</b> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
<b>Department Comments:</b> _____ _____		
<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