## Records Request Form

Use of this form is required under I.C. 5-14-3-3(a)(2) for all requests of public records by the City of Delphi, Indiana ("Delphi"). Any questions regarding the use of this form may be directed to the Delphi City Building at (765) 564-2097.

	ontact information so we may respond to yo less you choose to be contacted by email be		
*First Name	*Last Name *F	*Phone Number	
*Street Address:	*Contact via Email?	Yes □ No □	
*City, State, ZIP Code:	Email Address:		
requesting with reasonable particularit specific type of record or document; or	on are you requesting? You must describe y. This means you should include informati a specific location or department. cords Act, I.C. 5-14-3, I request to inspect or	on such as date range;	
means, or 24 hours if your request is mesponse as required stating the statute	ne within 7 days if you are submitting your re made in person. If this request is denied, we bry exception authorizing the withholding of of the person responsible for the denial.	will provide a written	
<u>Fee Agreement.</u> I understand that if a conform m of the copying cost prior to m	copy of a record is requested, a copying fee making the copy.	nay be charged. Please	
	Signature of Applicant		

<sup>\*</sup> Denotes a required field.