

Town of Georgetown
P.O. Box 127
Georgetown, Indiana 47122

812 951-3012
FAX 812 951-2034
Office Hours 7:30-4:00

Date

Name

Address

City, State, Zip

Ref: Requesting access or copy of a public record

Dear Public Official:

Pursuant to the Access to Public Records Act (Ind. Code 5-14-3), I would like to obtain a copy of or inspect) the following public records:

I understand if I seek a copy of this record, there may be a copying fee/postage if applicable. Could you please inform me of that cost prior to making the copy? I can be reached at (phone #, fax #, or email address)

According to the statute, you have _____ days/hours to respond to this request. *(If this letter was delivered personally to the public official's office, the agency has 24 hours to respond to the request.* If you choose to deny the request, you are required to respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial.

Thank you for your assistance on this matter.

Respectfully,