Pursuant to the Indiana Access to Public Records Act (Indiana Code 5-14-3), I, _____ *(name)* would like to INSPECT and/or OBTAIN A COPY OF *(circle the applicable)* the following public records:

Please describe the records sought with enough detail for the agency to be able to respond

I understand that if I seek a copy of this record, the City of East Chicago will charge .20 cents per page for standard sized copies

Name: _____ Date (month, day, year): _____

Contact Information (in case we need to reach you for further information):

_____

_____