



TOWN OF DYER, LAKE COUNTY, INDIANA
ACCESS TO PUBLIC RECORDS REQUEST FORM

NAME OF THE REQUESTING PARTY _____

ADDRESS _____

TELEPHONE NUMBER _____ EMAIL _____

DATE _____ TIME _____

INFORMATION REQUESTED _____

NAME OF TOWN EMPLOYEE RECEIVING REQUEST _____

DEPARTMENT _____

REQUEST IS MADE BY: _____ ORAL REQUEST (BY TELEPHONE OR IN PERSON)

(Please check one) _____ WRITTEN REQUEST (LETTER OR FACSIMILE)

FOR TOWN OF DYER OFFICE USE

PLEASE INITIAL AND DATE EACH PROCEDURE STEP

If oral request, advise requesting party that decision regarding disclosure will be made within 24 hours of time of request. _____

(Date and Initial)

Request form delivered to Department Head and Town Attorney. _____

(Date and Initial)

After a decision is made regarding disclosure by Department Head and/or Town Attorney, the requesting party was informed of the decision on _____

(Date, Time and Initial)

Documents were submitted and/or made available to the requesting party on _____

(Date, Time and Initial)

TO BE COMPLETED BY DEPARTMENT HEAD AND/OR ATTORNEY

Classification of information: _____ Mandatory Nondisclosure

_____ Discretionary Nondisclosure

_____ Disclosure Allowed

If mandatory nondisclosure, the specific exemption authorizing nondisclosure is set for at Indiana Code 5-14-3-4(a) _____

If discretionary nondisclosure, the specific exemption authorizing nondisclosure us set forth at Indiana Code 5-14-3-4(b) _____

If disclosure allowed, are any documents or portions thereof to be redacted or otherwise made nondisclosable?

_____ Yes _____ No If so, what documents or portions thereof will not be disclosed? _____

Signature of Department Head: _____

(Date and Time)

Signature of Town Attorney: _____

(Date and Time)