

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

NAME OF REQUESTING PARTY _____

ADDRESS _____

TELEPHONE NUMBER _____

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 decision is made regarding disclosure by Department Head and/or Town Attorney, the requesting party was informed of 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 TOWN ATTORNEY

CLASSIFICATION OF INFORMATION: _____ MANDATORY NONDISCLOSURE
_____ DISCRETIONARY NONDISCLOSURE
_____ DISCLOSURE ALLOWED

IF MANDATORY NONDISCLOSURE, THE SPECIFIC EXEMPTION AUTHORIZING NONDISCLOSURE IS SET FORTH AT INDIANA CODE § 5-14-3-4(a) _____

IF DISCRETIONARY NONDISCLOSURE, THE SPECIFIC EXEMPTION AUTHORIZING NONDISCLOSURE IS 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)