

City of Decatur Records Request Form

(Public Records Request pursuant to the Freedom of Information / Open Records Act)

1. Requestor Information

Full Name: _____

Organization (if applicable): _____

Mailing Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

2. Description of Records Requested

Please describe the records you are requesting in as much detail as possible (dates, subjects, departments, record types, etc.):

☐ I would like to receive copies of the records.

☐ I would like to inspect the records in person.

3. Preferred Format for Records (if applicable)

☐ Paper copies ☐ Electronic copies (PDF, Excel, etc.) ☐ Other: _____

4. Time Period for Requested Records

From: _____ To: _____

5. Purpose of Request (optional)

6. Delivery Method

☐ Pick up in person ☐ Mail ☐ Email ☐ Other: _____

7. Fees and Acknowledgment

I understand that the municipality may charge reasonable fees for duplication, mailing, or staff time as permitted by law.

Signature of Requestor: _____

Date: _____

City of Decatur 172 N. 2nd Street, Decatur, IN 46733 ehackman@cityofdecatur.in.gov

For Office Use Only

Date Request Received: _____

Received By: _____

Assigned To: _____

Date Completed: _____

Fee Charged: \$_____

Date Paid: _____

Method of Delivery: _____