REQUEST FOR INSPECTION OR COPYING OF A PUBLIC RECORD

TO: TOWN OF ST. JOHN

I, _____

(Name)

of_____

(Address) (Phone)

do hereby request the above-designated public agency to permit me or my designated agent to inspect and copy the following public record(s):

_____

_____

_____

_____

_____

I request the Public Agency to copy the above record or records for me, and agree to pay the cost at the following rate: $ .10 per copy of each page, for standard sized documents. (Standard sized documents are those, which can be photocopied without reduction or enlargement on 8 ½" X 11" or 8 ½" X 14" paper.)

I request only 1 copy of each record requested. I further understand that a list of employees of Public Agency cannot be used for commercial purposes. (IC 5-14-3-4 (c))

The cost of a tape recording and dubbing of Town meetings shall be $1.00 per audiotape.

DATE OF REQUEST:_____TIME OF REQUEST:_____

REQUEST RECEIVED BY:_____

DATE RECORDS RECEIVED:_____TIME RECEIVED_____

RECORDS RECEIVED BY:_____