

**REQUEST FOR ACCESS AND DISCLOSURE OF PUBLIC RECORDS FOR
THE TOWN OF OGDEN DUNES**

By completing this form, you are helping in the administration of the Access to Public Records Act (I.C. 5-14-3 and I.C. 5-14-3-8)

NAME _____ PHONE _____
Please Print

ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Date of request _____ Time of request _____

Please identify with reasonable particularity the record(s) being requested:

This is a request for you to allow me to view the record (s)

This is a request for you to provide me with a copy or copies of the record (s) according to the schedule of fees passed and adopted by the Town of Ogden Dunes Ordinance No. 614 dated July 10, 1995, Ordinance 653 dated July 7, 1999 and Ordinance No.768 dated September 12, 2012 understand that the fee (s) must be paid BEFORE the record may be copied.

Fees: no expense to review documents on site
\$0.10 per side for each page of standard-sized page copied (8-1/2 X 11 or 14)
\$0.15 per side for each page of standard-sized page copied (11 X 17)

Signature of applicant _____

Applicant requested not to write below this line

Date and time request was received _____

Name of person receiving requested _____

Fees paid _____ Received by _____
Amount/Date Clerk Name

Disposition of request:

Signature of person completing request _____

_____ pages @ \$0.10 _____

_____ pages @ \$0.15 _____ Receipt # _____

Total _____