

**PERRY COUNTY**  
**2219 PAYNE STREET**  
**TELL CITY, IN 47586**  
**PHONE: (812) 547-6427**  
**REQUEST FOR PUBLIC RECORDS**

(Please print or type:)

Name of Person requesting records: \_\_\_\_\_

Organization person represents: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date/time of request Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of specific records being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This request is a: \_\_\_\_\_ for permission to inspect records as described above.  
\_\_\_\_\_ to request a copy of records.  
\_\_\_\_\_ Check here if you want to be told about the fee before copies are made.

I acknowledge that I may be charged a fee for copying the records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR AGENCY USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**  
(Request Receipt Information)

Date & time request received: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Individual & Department receiving request: \_\_\_\_\_

Request: \_\_\_\_\_ granted \_\_\_\_\_ denied Reason for denial: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Individual making decision on request: \_\_\_\_\_

Disposition Date: \_\_\_\_\_ Disposition Time: \_\_\_\_\_