

**FRANKLIN COUNTY AUDITOR'S OFFICE
FRANKLIN COUNTY, INDIANA**

REQUEST FOR PUBLIC RECORDS FORM

Request for Records Pursuant to the Indiana Access to Public Records Act ("APRA")
(Indiana Code § 5-14-3-1, *et seq.*)

Requesting Party (full name): _____
Organization (if applicable): _____
Address: _____

Requested Documents (*describe with reasonable particularity each and every document requested, if additional space is necessarily, please attach pages to request*):

Method of Delivery (*please select one form of delivery for requested records*):

- Inspection of Requested Records
- Fax: _____
- E-mail: _____
- Mail: _____

Fees (*pursuant to I.C. § 5-14-3-8*). No charge shall be assessed for inspection of documents or for documents delivered by e-mail. If records are too voluminous to be sent by email or for printing/copying of records, the following standard fees apply:

- Ten cents (\$0.10) per 8.5" x 11" page for black and white copies
- Twenty-five cents (\$0.25) per 8.5" x 11" page for color copies
- Five dollars (\$5.00) per CD or DVD for copying records onto electronic storage medium.

The Requesting Party shall pay fees in advance (or prior to) delivery of Requested Documents.

I hereby acknowledge responsibility for the payment of all reasonable charges incurred by the County to make such information available for inspection and/or copying:

Signature: _____ Date: _____
Printed Name: _____

THIS SECTION FOR INTERNAL/OFFICE USE ONLY

Received by Auditor's Office on: _____
Manner in which the Request was received: _____
Sent to the following Department for response: _____
Response due by: _____

**Due in 24 business hours if hand-delivered,
Due within 7 calendar days if received by fax, mail, or e-mail.**