

**CITY OF SOUTH BEND
DEPARTMENT OF CODE ENFORCEMENT
ACCESS TO PUBLIC RECORDS REQUEST**

NAME OF REQUESTING PARTY _____

ADDRESS OF REQUESTING PARTY _____

PHONE NUMBER _____ DATE OF REQUEST _____ TIME _____

SIGNATURE OF REQUESTING PARTY _____

PROPERTY ADDRESS OF INFORMATION REQUESTED:

HOUSING FILES

ENVIRONMENTAL FILES

_____ List of Violations

_____ Outstanding Invoices

_____ Hearing Results

_____ Correspondence (Letters)

_____ Liens

_____ Copies of Pictures

_____ Other (Be specific):

_____ Other (Be specific):

Other Information: _____

Requesting party requests _____ to inspect or _____ to buy copies (Check One) of the information being requested.

ALL DECISIONS AS TO DISCLOSABILITY MUST BE MADE AND THE REQUESTING PARTY ADVISED OF SAME WITHIN 24 HOURS AFTER THE REQUEST IS RECEIVED.

INTER OFFICE USE ONLY

Name of Employee Handling Request: _____ Date: _____

DECISION BY CITY ATTORNEY'S OFFICE:

INFORMATION DISCLOSABLE: _____

INFORMATION NONDISCLOSABLE: _____

SIGNATURE OF CITY ATTORNEY: _____

DATE OF DECISION: _____

Informed Requesting Party that information is:

_____ DISCRETIONARY DISCLOSURE

_____ NONDISCLOSABLE

Date: _____ Signature: _____