

**PUBLIC RECORDS (APRA) REQUEST
BUILDING DEPARTMENT
CITY OF SOUTH BEND**

Name of Requesting Party			
Address of Requesting Party		City	State
			Zip
Telephone	Date of Request	Time of Request	Submitted <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party		Signature of Requesting Party	
Property Address of Information Requested:			
Records Requested. Please be specific. Use the back of form if additional space is needed.			
BUILDING FILES: _____ PERMITS _____ INSPECTION REPORTS _____ SITE PLAN _____ CERTIFICATES OF OCCUPANCY _____ ZONING/BUILDING VIOLATIONS		ABZA FILES: _____ PETITION _____ SITE PLAN _____ MINUTES	
OTHER (PLEASE BE SPECIFIC): _____			
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			

******* DEPARTMENTS MUST SUBMIT REQUESTS TO THE *****
LEGAL DEPARTMENT (235-7670) ON THE DAY OF RECEIPT**

CITY OF SOUTH BEND USE ONLY

Request Received By	Department	Date and Time Received
Acknowledged Receipt <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
Department Comments _____		
ATTORNEY DECISION		
INFORMATION IS DISCLOSABLE _____		INFORMATION IS NOT DISCLOSABLE _____
Attorney Comments and Instructions _____		
Attorney Signature _____		Date of Decision _____
Letter sent (Date)	Decision Sent To	Date
		By
Informed requesting Party that information is _____ DISCRETIONARY DISCLOSURE or _____ NON-DISCLOSABLE		
Date	Signature	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email