

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

Name of Requesting Party			
Address		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	
Name of Department having records (if known) i.e. Police, Building, Fire/EMS, Public Works			
Records Requested. Please be specific. Use the back of form if additional space is needed.			
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 (Legal Department use only) <input type="checkbox"/> Email <input type="checkbox"/> Telephone		
Department Comments		
<b>ATTORNEY DECISION</b>		
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