

MSD Martinsville

REQUEST FOR PUBLIC RECORD FORM

INDIANA ACCESS TO PUBLIC RECORDS ACT – INDIANA CODE 5-14-3 *ET SEQ.*

You may submit your request by in person to the following:

Superintendent's Office
389 E. Jackson St.
Martinsville, IN 46151

NAME OF REQUESTING PARTY: _____

COMPANY (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

RECORD REQUESTED (*Please identify with reasonable particularity the record being requested*):

***Requests for List of Names and Addresses:** Pursuant to Indiana Code § 5-14-3-3(f), lists of names and addresses may not be disclosed to any individual or entity for political purposes or to commercial entities for commercial purposes. If the record being requested is a list of names and addresses, the Affidavit of Noncommercial and Nonpolitical Use must be completed and returned with this form.

By signing below, I agree that I, and/or my company, will be responsible for the costs of any copies that are made by MSD of Martinsville in satisfying my request. Pursuant to Indiana Code § 5-14-3-8, a charge of ten cents (\$0.10) per page will be incurred for pages that are not color copies and a charge of twenty-five cents (\$0.25) per page will be incurred for color copies. IC 5-14-3-8(g)

Signature: _____ Date: _____

OFFICE USE ONLY

Date Request Received: _____ Costs to Be Charged: \$ _____