



# REQUEST FOR RECORDS

P.O. Box 205, Glenwood, IN 46133  
Phone: 765-679-5600 • Email: glenwood.water@gmail.com •  
Web: glenwoodtown.municipalimpact.com

**Request for Records pursuant to Indiana Access To Public Records Act**  
(I.C. 5-14-3-1, et seq., as amended)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company, if applicable: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

I, the above-named person, hereby request to inspect the following records:

\_\_\_\_\_  
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Date range requested: \_\_\_\_\_

**NOTE: Please identify the records you seek with reasonable particularity. Vague requests, overbroad requests, or requests that contain no time parameters may be denied, delayed, or returned for further clarifications. You records request must be made on this form, not on an attachment to this form.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The Town of Glenwood may correspond with me regarding this request:

- By email at: \_\_\_\_\_
- By facsimile at: \_\_\_\_\_
- By mail at: \_\_\_\_\_

There will be a fee if printed copies are required.

**THIS PAGE IS FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ at \_\_\_\_\_

Printed Name Date Time

\_\_\_\_\_  
Signature Department

**Request has been completed and sent to requester on:** \_\_\_\_\_

Date Time

**Request was sent to requester via:**

- Email  Facsimile  Mail

**Request completed by:** \_\_\_\_\_

Printed Name Signature

**Request has been denied or deemed unable to complete on:** \_\_\_\_\_

Date Time

**Reason(s) for denial or incompleton of request:**

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**Request denied or deemed unable to complete by:**

\_\_\_\_\_  
Printed Name Signature

**Additional notes:**

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