

**REQUEST FOR PUBLIC RECORDS  
TOWN OF MARKLE, INDIANA**

Name of person requesting records:

\_\_\_\_\_  
(name and address)

\_\_\_\_\_  
(telephone, fax and email, if available)

Records requested (Please be specific. Use back of form if additional space is needed.)

This request is ( ) for permission to inspect records.

( ) to request copy of records.

There may be a fee for copies. Check here if you want to be told the fee before copies are made. ( )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: Upon receiving this completed form, the Town of Markle may need to review its files to determine if the requested records exist and are disclosable and will contact you soon thereafter to advise you of its determination. If your request is denied, you will be given written notice of the statutory authority for the denial and the name and title or position of the person responsible for the denial.*

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**FOR AGENCY USE ONLY -- PLEASE DO NOT WRITE BELOW THIS LINE**

**Receipt Information:** Date and time request received: \_\_\_\_\_

Individual and department receiving request: \_\_\_\_\_

**Departmental Disposition by Dept. Head or Designee:**

Request granted ( ) or Request sent to Legal for disclosure review ( )

Individual making departmental disposition: \_\_\_\_\_

Date and time request sent to Legal: \_\_\_\_\_

Notes: \_\_\_\_\_