



REQUEST FOR PUBLIC RECORDS
CITY OF BLOOMINGTON, IN

Please print:

Name of Person Requesting Records: _____

Address: _____

Contact Information: e-mail _____
 phone _____
 fax _____

Records Requested. Please, be specific. You may use the back of form if necessary.

This request is. ___ for permission to inspect records.
 ___ to request a copy of records. *Please note there may be a fee for copies.*
 ___ check here if you want to be told about that fee before copies are made

Signature

Date

Note: *Upon receiving this completed form, the City of Bloomington 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.*

FOR AGENCY USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Receipt information: Date and time request was received: _____

Individual and department receiving request: _____

Department disposition by Dept. Head or Designee: ___ request granted
 ___ request sent to Legal for
 disclosure review

Individual making department disposition: _____

Date and time request sent to Legal: _____

Notes: _____