

CITY OF FORT WAYNE
REQUEST FOR ACCESS TO PUBLIC RECORDS
Please Print

Name of person requesting access: _____

Organization person represents: _____

Address: _____ Phone: _____

Email Address: _____

Date and time of request: _____

Specific description of records being requested:

This request is () for permission to inspect records.
() to request a copy of records. I understand I may be charged a copying fee for the records.

Signature

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

Receipt Information

Date and time request received: _____

Individual/Department receiving request: _____

Disposition of Request

Request () denied or () granted.

If denied, reason(s) for denial:

Individual/Department making decision on request: _____

Disposition date & time: _____

Applicable fee schedule: _____

Amount to be billed to requesting party:
