

HOW TO COMPLETE A REQUEST FOR PUBLIC RECORDS:

1. **FILL OUT THE FORM:**

ONLINE: The online PDF is a “fillable” form, which means you should be able to type your responses directly onto the form, then resave it and attach your saved file to an email you send to our agency, thus saving time and paper resources. (If you do *not* see the blue free-text fields, look for the error near the top of your browser, which may advise you to open the PDF in Acrobat instead.)

PRINT & RESCAN: Alternatively, you can print the form on your printer, fill it out and sign it by hand, completely *and legibly* (illegible forms will not be processed), then re-scan it and email it to shrecords@co.monroe.in.us

PRINT & FAX: print, sign and fax the completed form to 812-349-2828.

2. **SELECT THE TYPE OF RECORD** you are requesting:
an Accident report, Intake photo (i.e. mug shot), or Something else.
3. **PROVIDE your complete contact information** and your phone number. *(If payment is required in advance, we will need to call you to obtain credit/debit card payment before we pull the Records you are requesting. **Avoid delays – include good phone number!**)*
4. **Be sure to PRINT and submit only Page 2** (use any option above). We don't need Page 1.
5. **HOURS we receive your request:** Monday through Friday (excluding holidays): from 8 am – 5 pm. Eastern Standard Time. If your request is submitted outside normal office hours, we will see it the next business day.

IN COUNTY RESIDENTS MUST PICK UP THEIR REQUEST.

MONROE COUNTY SHERIFF'S OFFICE
REQUEST FOR PUBLIC INFORMATION
PURSUANT TO IC § 5-14-3 ACCESS TO PUBLIC RECORDS ACT (APRA)

Your Name: _____ Date: _____

Company/Organization (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

A request can be made under IC § 5-14-3; APRA to inspect or copy public records. Inspection or copying of the public records of this office may be done during regular business hours. The regular business hours of this office are Monday-Friday, 8:00 A.M. to 5:00 P.M. (except holidays). The request made on this form must identify with reasonable detail, the records being requested in accordance with IC § 5-14-3-3(a)(1)(2). The only exception to this procedure is a routine request as further defined herein. **Pursuant to IC § 5-14-3-4(b)(1), this office will not release investigatory records or other records classified as confidential by federal or state statute.** Routine requests are those records within the purview of IC § 5-14-3-5: Accident reports, Limited Criminal History checks, Inmate Intake Photo requests.

SELECT the appropriate record(s) being requested:

ACCIDENT: _____

INTAKE PHOTO OF: _____

INCIDENT REPORT: _____

OTHER: _____

SELECT how you wish to receive the record(s) being requested:

INSPECT THE RECORDS

PICK UP THE RECORDS

MAIL TO ABOVE ADDRESS

What to expect: we will provide confirmation of initial receipt of this request within seven (7) days. This does not mean the records you requested will be produced/available within this time frame. This initial response indicates that a determination regarding the release of the records is being made, and you will be notified within a reasonable time if and when the requested records are available, as well as any applicable copying fees. Note that all fees and postage must be paid PRIOR to the mailing of records. We will attempt to contact you by phone to obtain your credit/debit card payment information at that time. Note: failure to provide your phone number at time of records request may result in your request being discarded. If the requested records are available for inspection, they will be produced within a reasonable time. **YOUR CONTACT INFORMATION IS REQUIRED FOR COMPLETION OF THIS REQUEST:**

SUBMITTING via EMAIL:

Electronic Signature required: type your full name and date below

SUBMITTING via FAX OR MAIL:

Handwrite your Signature and date below

Your Signature: _____ Date: _____

***** **FOR OFFICE USE ONLY** *****

1. This receipt acknowledges your request to receive a public record believed to be in this office's possession. **Your request was received by this office on _____.** Your request is being treated pursuant to Indiana's Access to Public Records Act (IC § 5-14-3).
2. If it is determined that your request falls within the above-cited statutory provisions, this office will notify you within a reasonable time, based upon the facts and circumstances of the activities involved in the administrative process, when the public record may be inspected or copied during normal regular business hours.
3. You should be aware that Section 7 of the APRA requires a public agency to regulate any material interference with the regular discharge of the functions or duties of the public agency or public employees.
4. The nature and scope of your request may require that it be forwarded to this office's legal deputy (office attorney) for review and further action as appropriate under law. If this is the case, the identifying information about the legal deputy will be provided to you.
5. If it is determined that your request is to be denied, a statement of the specific exemption(s) authorizing the withholding of all or part of the public record will be provided in accordance with IC § 5-14-3-9(c).

FOR OFFICE USE ONLY:

Received by: _____ initials

Released: _____ Mugshot _____ Accident _____ Incident _____ Other

on (date): _____

Initials: _____ Date _____ Fee Waived / No Charge

Fee: \$ _____ Paid? Y N