

COMPLETING THE REQUEST FOR PUBLIC RECORDS FORM:

1. This is a fillable form. If you do not see blue free-text fields, look for the error in near the top of your browser, advising you to open the form in Acrobat instead.
2. Fill in your contact information completely. Include your contact information.
3. Don't forget to select the appropriate "radio button" to choose Accident report, intake photo, or other.
4. Be sure to PRINT and submit Page 2, not page 1.

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

Name: _____ Phone: _____ Email: _____

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

Instructions: 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 through Friday, 8:00 A.M. to 4:00 P.M. (holidays excepted). The request made on this form must identify with reasonable particularity 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, and Inmate Intake Photo requests are also included within routing requests.

In the space provided, identify with reasonable particularity the record or records being requested:

ACCIDENT: _____ INTAKE PHOTO OF: _____

OTHER: _____

I request the following in regards to these records: (I understand that if I request the records to be mailed I will be contacted once the copying fees are determined and will have to pay fees and postage PRIOR to the mailing of records.)

INSPECT THE RECORDS. PICK UP THE RECORDS. MAIL TO ABOVE ADDRESS

EMAIL TO ME AT: _____

Notification that your request was received will be sent within seven (7) days of your request if your request is made by mail, facsimile, or email. **This does not mean that the records requested will be produced within this time frame. The response issued within this time frame will indicate that a determination regarding the release of the records is being made and that you will be notified within a reasonable time if and when the requested records are available. If the requested records are available for inspection, they will be produced within a reasonable time.**

ACKNOWLEDGEMENT RECEIPT

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).

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. 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.

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.

If it is determined that your request is to be denied, a statement of the specific exemption or exemptions authorizing the withholding of all or part of the public record will be provided in accordance with IC 5-14-3-9(c).

Signature: _____ Date: _____

RECEIVED BY:

Initials _____

Date: _____

FOR OFFICE USE ONLY:

Released: _____ Mugshot _____ Accident _____ Incident _____ Other _____

Initials: _____ Date: _____

Fee \$ _____ Fee Paid? Y N Waived