

# Public Records Request



**Return To:**

Public Information Officer  
C/O Clerk-Treasurer  
Town of Clear Lake  
111 Gecowets Dr.  
Fremont, IN 46737  
Email: clerk@townofclearlake.org

Name of Requesting Party: \_\_\_\_\_

Company (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time (If Requesting in Person): \_\_\_\_\_

Identify with **Reasonable Particularity** the Information to Be Reviewed:

**FOR OFFICE USE ONLY**

Date Request Denied (If Applicable): \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Reason Request Denied (If Applicable): \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_

Amount Charged (If Applicable): \_\_\_\_\_

Department/Division: \_\_\_\_\_

Payment Collected & Processed: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_