



Lake County 911

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Crown Point, IN 46307
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Mark Swiderski, CPE, ENP
Executive Director

Christine Trajkovski, CPE
Deputy Director of Operations

Corbin Bish, CPE
Deputy Director of Support Services

Request for Public Records

Name of Requesting Party:		Relationship to Case:
Email of Requesting Party:	Telephone of Requesting Party:	Date of Request:
CAD Incident #:	Date of Incident:	Time of Incident:
Address of Incident:		City of Incident:

Type of information requested:

☐ Radio Recordings

☐ Phone Recordings

Other:

Use this box to enter any additional information regarding the incident.

How would you like your request to be delivered: ☐ Email ☐ Pickup (electronic copy) ☐ Pickup (hard copy)

Email delivery is preferred and will include a shared OneDrive link. Lake County 911 reserves the right to charge 10¢ for each printed hard copy. Requesters will be required to provide their own device when picking up electronically (i.e. flash drive, CD, etc.).

By signing below, you acknowledge the above information to be correct and that you understand the terms of APRA requests set forth by the State of Indiana (IC 5-14-3) and Lake County 911.

Signature:

Please email this completed form to APRA@LCEC911.ORG or deliver it to the 911 center on weekdays between 9:00 and

16:00. For more information please visit LCEC911.COM/APRA/