



Office of Lieutenant Governor
Sue Ellspermann

ACCESS TO PUBLIC RECORDS REQUEST

Return to:

Access to Public Records Coordinator
Indiana Office of Tourism Development
One North Capitol, Suite 600
Indianapolis, IN 46204
Fax: (317) 233-6887

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____

PHONE NUMBER: (____) _____

EMAIL: _____

DATE: _____ TIME (if requesting in person): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE RECORDS REQUESTED:

REASON FOR REQUEST (OPTIONAL- FOR CLARIFICATION PURPOSES):

NOTE: If the request exceeds 40 copied pages, \$0.10 will be charged per page payable by check or cash. Electronic records may be available. If you wish to receive electronic records please include your email address.

Inter-Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Amount Charged (if applicable): _____
Payment Collected and Processed: _____

Date Request Denied (if applicable): _____
Reason Request Denied (if applicable): _____
Date Request Fulfilled: _____