

JASPER POLICE DEPARTMENT
PHONE 812/482-2255
FAX 812/482-9008
REQUEST FOR ACCESS TO PUBLIC RECORDS
(Please Print)

Name of person requesting access: _____ Phone: _____

Organization person represents: _____ Fax: _____

Address: _____

Date/time of request Date: _____ Time: _____

Specific description of records being requested: _____

This request is a: one time request
 recurring request

This is for: permission to inspect records as described above
 a copy of records as described above

I understand I may be charged a fee for copying the records: _____
(Signature)

.....
FOR CITY USE ONLY – DO NOT WRITE BELOW THIS LINE

Request Receipt Information

Date & time request received: _____ Individual receiving request: _____

Disposition of Request

Request: granted denied; reason(s) for denial: _____

Comments: _____

Individual making decision on request: _____ Disposition date & time: _____

Number of copies provided: Photocopy Computer Fee charged: \$ _____

(Fee Received by)