

**Town of North Liberty, Indiana**  
**Requesting Access or Copy of Public Record**

(Please complete all blanks.)

Date \_\_\_\_\_

Clerk-Treasurer  
300 South Main Street  
P.O. Box 515  
North Liberty, IN 46554

Dear Clerk-Treasurer:

Pursuant to the Indiana Access to Public Records Act (IC 5-14-3), I would like to

\_\_\_\_\_ (inspect or obtain a copy) of the following public records:

(Please describe the records sought with enough detail for the public agency to be able to respond.)

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I understand that if I seek a copy of this record, there will be a copying fee of .10 per page.

According to the statute, you have 24 hours to respond to this request. (If this letter was delivered personally to the public official's office, the agency has 24 hours to respond to the request. If the letter is delivered by US mail or facsimile, the agency has seven days to respond to the request.) If you choose to deny the request, then you are required to respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial.

Thank you for your assistance.

Respectfully,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip Code)