

ACCESS TO PUBLIC RECORDS REQUEST

Return to:

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

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

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

IDENTIFY WITH **REASONABLE PARTICULARITY** THE INFORMATION TO BE REVIEWED:

Inter-Office Use Only

Date Request Received: _____ Date Request Denied (if applicable): _____

Employee Handling Request: _____ Reason Request Denied (if applicable): _____

Department/Division: _____ Amount Charged (if applicable): _____

Date Request Fulfilled: _____ Payment Collected and Processed: _____