



Carol J. Bartley
Clerk-Treasurer
301 E Clinton St Frankfort, IN 46041
Phone: 765-654-5715 Fax: 765-654-7773

REQUEST FOR PUBLIC RECORDS

The execution of this form does not authorize release of information other than that specifically described below.

I, _____ am requesting the following information from the City of Frankfort, Indiana Clerk Treasurer;

Reason for request:

Note: Pursuant to the Indiana Access to Public Records Act (IC5-14-3) you may inspect or obtain a copy of such records. According to the statute, the Clerk Treasurer will have 24 hours to respond to the above request. If your request is denied, a written response will be given stating the state statutory exception authorizing the withholding of all or parts of the public record requested. A fee of 10 cents per copy will be charged. The inspection of records is free. Exemption from this fee is for Interdepartmental use only for obtained records.

Date requested: _____ Time: _____ am/pm Date furnished: _____

Pages copied: _____ Amount paid: _____ Receipt #: _____

Requesting signature: _____ Date: _____

Printed signature: _____

Photo I.D. provided: Yes/ No Driver's License Number: _____

Authorized by: _____ Date: _____

****Office Staff: Please attach copies of requested information to this form. ****