

Tipton County Public Library
Request for Access to Public Records

By completing this form, you are participating in Indiana's Access to Public Records Act (IC 5-14-3).
This form must be completed before your request can be considered.

Name: _____ Date and time of request: _____

Address: _____
(street) (city) (state/zip)

Telephone: _____ Email address: _____

Please identify the specific record(s) being requested:

Please check one below:

This is a request

to allow me to inspect the record(s).

to provide me with a copy of the record(s). Fees are payable upon receipt of duplicate record(s).