



**KOKOMO-HOWARD COUNTY PUBLIC LIBRARY
REQUEST FOR ACCESS TO PUBLIC RECORDS**

By completing this form, you are helping us to administer Indiana's Access to Public Records Act.

Name: _____ Daytime Telephone: _____

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

Email address: _____ Date and time of request: _____

Please identify with reasonable particularity the record(s) to be requested.

Please check one (1) below:

This is a request

- to allow me to inspect the record(s).
- to provide me with a copy of the record in the following format.
 - Photocopy, letter and legal size - \$.10 per page
 - Photocopy, ledger size - \$.20 per page
 - Photocopy, color - \$.25 per page
 - Fax, domestic - \$1.00 per page
 - Fax, international - \$2.00 per page
 - Email transmission – no charge

Fees are payable upon receipt of duplicated record(s). Email transmission are only available if the record(s) is in electronic format suitable for duplication on such medium.

Do not write below this line. For office use only.

Date and time request received: _____

How request was received: In-Person Mail Fax Phone Email

Name of person receiving request: _____

Response to request: _____

Name and title of person making response: _____

Date and time of response: _____