



St. John Police Department

11033 West 93rd Avenue
St. John, IN 46373-9701

Voice (219)-365-6032
Fax (219)-558-2166

ACCESS TO PUBLIC RECORD REQUEST

Date of Request: _____ Time of Request: _____

Name of Requesting Party: _____

Address: _____ City: _____

State: _____ ZIP: _____ Contact Phone # _____ Email: _____

Identify with reasonable particularity the information requested. If requesting to inspect or copy a law enforcement recording, include the date and approximate time of the activity, the specific location where the activity occurred, and the name of at least one (1) individual other than a law enforcement officer, who was directly involved in the activity (I.C. 5-14-3-3(i)):

I request the St. John Police Department to copy the above records for me, and agree to pay for the costs at the following rates per Town Ordinance 1594/1660:

Reports/Documents (Black & White) \$.10 per page
Reports/Documents (Color) \$.25 per page
Audio/Video Recording: 0-29 minutes \$62.00; 30-59 minutes \$104.00; 60+ minutes \$150.00

I request only one (1) copy of each record requested. I understand that a list of employees of a Public Agency cannot be used for commercial purposes pursuant to I.C. 5-14-3-4(c).

Signature of requesting person

Printed Name

If the requested public record is not provided immediately by a records clerk, please note that the St. John Metropolitan Police Department may have records responsive to this request and is in the process of reviewing the agencies files or retrieving stored files, an additional response will be provided within two (2) business days.

Employee Receiving Request: _____ Date _____ Time _____

INTER OFFICE USE ONLY	
<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Denied
Date/Time Completed: _____	
Reason for Denial (if applicable): _____	
Name and Title of person completing the request: _____	
Amount Charged: \$ _____	