REQUEST TO VIEW AND/OR COPY A PUBLIC RECORD/INFORMATION OF THE LAKE COUNTY CLERK'S OFFICE

Pursuant to I.C. 5-14-3-1 et seq

Please **READ, COMPLETE AND SIGN THIS FORM**

DATE OF REQUEST: _____

_____I request a copy of the following public record(s)/information**
_____I request certified copies of the following public record(s)/information**
_____I request to view that following public record(s)/information
_____I request to pay on the following public record(s)/information

ALL COPIES MUST BE **PRE-PAID ACCORDING TO THE FOLLOWING:
COURT DOCUMENTS ARE $1.00 PER PAGE
ADD $3.00 TO ANY DOCUMENTS IF REQUESTING IT TO BE CERTIFIED
NO Personal Checks only Money orders/Cashier checks accepted

_____ _____
Name(print) Signature

_____ _____
Contact Address Contact Phone Number

(Identify with reasonable particularity the record(s)/information being requested)
RECORD(S)/INFORMATION REQUESTED;INCLUDING IDENTIFYING CASE NUMBERS OR NAMES OF PARTIES:_____
_____
_____

I understand that reviewing public records must be done in the presence of an employee of this office and the no record may be removed from this office.

I HAVE BEEN GIVEN THE OPPORTUNITY TO VIEW AND/OR COPY THE MATERIALS REQUESTED.

_____
Signature Date

If your request or a portion of your request is denied, it may be that the record(s) or information is declared confidential by state.

CLERK PORTION ONLY

Records will be ready to view, pick up, mailed or processed on Date: _____ Time: _____
No. of pages in Document requested_____ Total cost $_____Received By_____

REQUESTED HAS BEEN DENIED for the following reason:
_____The Lake County Clerk's office does not contain the information you are requesting.
_____The Lake County Clerk's office does not contain any records matching your request.
_____Other:_____
_____

_____ _____ _____
By whom Title Date

Deputy Clerk processing the request_____(name)