



TOWN OF SCHERERVILLE

PLANNING & BUILDING DEPT.

PHONE (219) 322-2217
FAX (219) 865-5504

10 EAST JOLIET STREET • SCHERERVILLE, IN 46375

REQUEST FOR INSPECTION OR COPYING OF A PUBLIC RECORD

I, _____
(Name of Requesting Person)

of _____

Phone # _____

Email address: _____

hereby request the above designated public agency to permit me or my designated agent to inspect, and/or copy the following public record(s): _____

I request the Town of Schererville to copy the above record or records for me, and agree to pay for the cost therefore in advance, at the following rate: 15 cents per page for standard sized documents, and the actual cost of reproducing non-standard sized documents. Standard sized documents are those which can be photocopies without reduction or enlargement on 8 ½" x 11" or 8 ½" x 14" paper.

I request only one (1) copy of each record requested. I further understand that a list of employees of a public Agency cannot be used for Commercial Purposes. (LC.5-14-3-4(C)).

Date: _____ Time: _____

(Signature: Requesting Person)

Received:

Date: _____ Time: _____

(Signature: Town of Schererville)