

**Town of Edinburgh
Office of the Clerk-Treasurer**

Request to Review and/or Copy a Public Record

Statement of the Requestor: This is a request to review the following public record(s) at a cost of .10 cents per page copied.

Requestor Further States: I understand that such a review must be conducted in the presence of a representative of the Town of Edinburgh and that I may not remove any records without the advance written authorization of said representative. I understand that if I request any copies, the copying fee must be paid in advance. I acknowledge that IC 5-14-3, Access to Public Records, has been made available to me.

Name of requestor (printed)

Signature of requestor

Title of requestor, if any

Date Signed

Response By Town: The request is Approved/Denied (Representative to circle the appropriate response. If the request is denied, enter the reason here: _____.)

Name of representative (printed)

Signature of representative

Title of representative

Date of approval or denial

Concluding Statement of Requestor: I have been given the opportunity to review the above-described records and any copies that I have requested have been made for me.

Signature of requestor

Date signed