

**PULASKI COUNTY BOARD OF COMMISSIONERS  
PUBLIC ACCESS REQUEST FORM  
(Ind. Code 5-14-3-3)**

Date of Request: \_\_\_\_\_

Requester's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*\*\*\*\*

Name of Department or Agency: \_\_\_\_\_

Pursuant to Ind. Code 5-14-3-3 I would like to (inspect or obtain a copy of) the following public records: (Attach additional pages if more room is needed for your description.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Be sure to describe the records sought with enough detail or as the statute indicates, with "reasonable particularity" for the public agency to understand the request and be able to respond. Failure to reasonably describe the request could delay the response.)

I acknowledge if I seek a copy of this record, there may be a copying fee for which I will be responsible.

\_\_\_\_\_  
Signature