



**Anderson Township  
PUBLIC RECORDS REQUEST**

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

Requestor Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Title of Records(s) (if known): \_\_\_\_\_

Date of Record(s) (if known): \_\_\_\_\_

Location of Record (Department, etc., if known): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist Anderson Township in locating this information for you as quickly as possible. Failure to provide sufficient information to identify the records may cause delay.

I understand there is a cost of \$.05 per page (8.5" x 11") that may be charged for duplication of these specific records and additional "at cost" fees for oversize duplications and mailing expenses if applicable. I agree to prepay any and all charges associated with my request.

I wish to have copies/duplicates of the records indicated above.

I wish to make an appointment to review the records indicated above.

Method by which I would like to receive the information I have requested:

Mailed to me

Call me and I will pick up in person

E-mailed to me (if file size can be accommodated)

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date