

*Town of Advance*  
*Office of Clerk - Treasurer*  
(765) 676-6611  
Fax (765) 676-6696

**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

By completing this form, you are helping us administer the Access to Public Records Acts.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State/Zip)

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_

Please identify with reasonable particularity the record(s) being requested.

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

This is a request for you to allow me to obtain copies of public records pursuant to Indiana Code 5-14-3 et. seq., the Access to Public Records Act.

\_\_\_\_\_  
Signature of requesting person

\*\*\*\*\*

FOR OFFICE USE ONLY:

\_\_\_\_\_  
Date and time request received

\_\_\_\_\_  
Name of person receiving request