

CITY OF CRAWFORDSVILLE

CRAWFORDSVILLE, INDIANA 47933

REQUEST FOR PUBLIC RECORD

Policy Statement

It is the policy of this office to provide any and all public information permitted under the law (I.C. 5-14-3-5) to all citizens. In order to better effectively and sufficiently serve you, please complete the information below;

Indicate approximate date, time, and location of incident, victim's name and report number (if known) For which you are seeking

Information: Date: _____

Time: _____

Location: _____

Victim: _____

Report Number or Information Requested:

Name: _____

(Person requesting information or records)

Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone Number: _____

Date Requested: _____

E-Mail Address: _____

***Request made in person will be processed within 24 business-hours after receipt of request.*

***Request by mail or fax: will be processed within (7) seven days after receipt of request.*