



City of
Lawrence
Indiana

City of Lawrence Public Records Request

Today's Date: _____

Name: _____

Address: _____ Zipcode: _____

Phone Number: (____) _____ Email: _____

Documents Requested (Attach separate list if additional space is needed):

Once you have completed the above portion, email to: publicrecordrequest@cityoflawrence.org

FOR CITY STAFF USE ONLY:

FORM OF REQUEST: _____ IN-PERSON _____ ELECTRONIC/LETTER

DATE RECEIVED: _____ RECEIVED BY: _____

DATE INITIAL RESPONSE SENT: _____

RESPONSE SENT BY: _____

FINAL RESPONSE: _____ DOCUMENTS PROVIDED

_____ PARTIAL DOCUMENTS PROVIDED

_____ NO DOCUMENTS PROVIDED

DATE COMPLETION LETTER SENT: _____

COMPLETION LETTER SENT BY: _____

NO. OF PAGES: # _____ x \$0.10 PER PAGE= _____ + OTHER FEE: _____ = \$ _____ TOTAL AMOUNT OWED