



Gary Community School Corporation
STRONG ★ RESILIENT ★ BUILT FOR EDUCATION

900 Gerry Street, Gary, IN 46406
(219) 886-6400

REQUEST FOR PUBLIC RECORDS

(Pursuant to I.C. 5-14-3)

(Please Print Clearly)

Name _____ Phone _____

Address _____

Email _____

Date of Request: _____ Time of Request: _____

Please identify, with reasonable particularity and detail, the record or records being requested:

*Comments: _____

____ This is a request for you to allow me to inspect the record/records described above.

____ This is a request for you to provide me with a copy of the record/records at ten cents (\$0.10) per page for non-color copies, and (\$0.25) per page for color copies.
(I understand I must pay the fee before the record/records will be copied).

Received by: _____ Date: _____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Date and time request received: _____

Name of person receiving request: _____

RECEIPT FOR REQUESTED DOCUMENTS

This is to acknowledge receipt of the documents requested this ____ day of _____, 20__
Payment of \$ _____ for cost thereof.

Signature: _____

Approved by: _____