

MONROE COUNTY SHERIFF'S OFFICE

REQUEST FOR PUBLIC INFORMATION PURSUANT TO IC § 5-14-3; ACCESS TO PUBLIC RECORDS ACT (APRA)

PLEASE PRINT LEGIBLY WHEN FILLING OUT THE FORM.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Instructions: A request can be made under IC § 5-14-3; APRA to inspect or copy public records. Inspection or copying of the public records of this office may be done during regular business hours. The regular business hours of this office are Monday through Friday, 8:00 A.M. to 4:00 P.M. (holidays excepted).

The request made on this form must identify with reasonable particularity the records being requested in accordance with IC § 5-14-3-3(a)(1)(2). The only exception to this procedure is a routine request as further defined herein below. **Pursuant to IC § 5-14-3-4(b)(1) this office will not release investigatory records or other records classified as confidential by federal or state statute.**

A copying fee of \$0.10/page will be charged if you desire a copy of the record requested in accordance with IC § 5-14-3-8(e). Payments may be made in U.S. currency, by credit card, or debit card.

The person responsible for the release of records pursuant to this Act is the Sheriff of Monroe County or his designee for APRA compliance.

Routine requests are: Those records within the purview of IC § 5-14-3-5. Accident reports, Limited Criminal History checks, and Mug Shot requests are also included within routine requests.

In the space provided identify with reasonable particularity the record or records being requested:

ACCIDENT: _____

MUGSHOT: _____

OTHER: _____

I would like: _____ to inspect the records.

_____ to pick up the requested records at the Sheriff's office.

_____ the requested records mailed to my above listed address. I understand that I will be contacted after copying fees are determined and will have to pay fees and postage **PRIOR** to the mailing of records.

Notification that your request was received will be sent within twenty-four hours (24) of your request if your request is hand-delivered to this office. Notification that your request was received will be sent within seven (7) days of your request if your request is made by mail, facsimile, or email.

This does not mean that the records requested will be produced within this time frame. The response issued within this time frame will indicate that a determination regarding the release of the records is being made and that you will be notified within a reasonable time if and when the requested records are available. If the requested records are available for inspection, they will be produced within a reasonable time.

Signature: _____

Date: _____

MUST BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL:

Check upon completion:

Time of Receipt: _____

Released Mugshot **Date:** _____

Released Accident Report **Date:** _____

Forwarded to APRA designee/Sheriff on _____.

Initials: _____