

Town of Munster  
Office of the Clerk-Treasurer

**Request to Review and/or Copy a Public Record**

STATEMENT OF REQUESTOR: This is a request to review the following public record(s).

---

---

---

REQUESTOR FURTHER STATES: I understand that such review must be conducted in the presence of a representative of the Town of Munster and that I may not remove any records without the advance, written authorization of said representative. I understand that if I request any copies, the copying fee must be paid in advance. I acknowledge that IC 5-14-3, Access to Public Records, has been made available to me.

\_\_\_\_\_  
Name of requestor (printed)

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Title of requestor, if any

\_\_\_\_\_  
Date signed

RESPONSE BY TOWN: The request is APPROVED/DENIED (Representative to circle the appropriate response. If the request is denied, enter the reason here: \_\_\_\_\_.)

\_\_\_\_\_  
Name of representative (printed)

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Title of representative

\_\_\_\_\_  
Date of approval or denial

CONCLUDING STATEMENT OF REQUESTOR: I have been given the opportunity to review the above described records and any copies that I requested have been made for me.

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Date signed