MADISON Indiana
Planning, Preservation and Design

101 W Main St
Madison, IN 47250
(812) 265-8324

Records Request Form

REQUESTER INFORMATION

Date: _____

Name of person or organization requesting records: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Preferred): _____ Email: _____

RECORD(S) REQUESTED

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist City of Madison staff in locating the record(s). For multiple records, attach additional pages.

_____

_____

_____

_____

FORMAT OF RECORD(S)

Please specify the preferred format of record(s).

☐ Paper Copy ☐ Electronic Media ☐ Visual Inspection Only

By signing below, I certify that the information is true and correct to the best of my knowledge.

_____ _____

Date **Signature of Person Requesting Records**

FOR CITY USE ONLY

Name of Employee conducting records search: _____

No. of pages _____ Total cost: $_____

Record release authorized by:

_____ _____ _____

Print name, Title Signature Date

If record release is denied, by whom:

_____ _____ _____

Print name, Title Signature Date

For what reason: _____