## Town of Blue River Public Record Request Form

Request maybe emailed to: info@townofblueriver.org

NOTE: Confirmation of receipt is required for emailed requests

Name:		Date:	
Address: _		City: _	
State:	Zip Code:	Daytime Phone:	
Email:			
Inspection Only Requested: Hard Copies Requested: CD or Electronic Copies Requested: Desired Retrieval Method:		Yes Yes Yes Pick-up	_No _No _MailingEmail
	cate the information desired a You may attach a letter indica	1	d document. Please be as specific as c records)
Please note Custodian. I have read	e that all emailed requests mus	st receive a confirmation orado Open Records Po	of receipt email from the Records blicy, and agree to pay all charges attached fee schedule:
Signature of	of Person requesting Public Re To be completed by the Recor	ecord(s)	
Total: \$			
Date Recei Date Com	ived:Tim	Time Received: ne Complete:	Completed By:
Summary o	of Response:		