



**City of Carmel / Clay Township  
Department of Community Services  
One Civic Square; Carmel, IN 46032**

Planning & Zoning Office: ph. (317) 571-2417 Fax (317) 571-2426  
Building & Code Enforcement: Ph. (317) 571-2444 Fax (317) 571-2499

**REQUEST FOR RECORDS PURSUANT TO INDIANA ACCESS TO PUBLIC RECORDS ACT – (I.C. 5-14-3-1, et seq., As Amended).**

I, \_\_\_\_\_, hereby request of the City of  
(NAME OPTIONAL -- please print)

Carmel, Indiana, the right to inspect and/or copy the following records:  
(Please be specific as to what records you are looking for/requesting, and list the correct property information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_  
(OPTIONAL)

**THE CITY MAY PROVIDE ME WITH ITS RESPONSE:**

- By telephone at: \_\_\_\_\_
- By facsimile transmission at: \_\_\_\_\_
- By mail at: \_\_\_\_\_
- Other: \_\_\_\_\_

**OFFICE USE:**

Received by: \_\_\_\_\_ Dept: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sent to Legal Department by: \_\_\_\_\_ On: \_\_\_\_\_

**\*\*\* SEE REVERSE IF SENT TO LEGAL DEPT.**

.....  
FILLED WITHOUT NOTIFICATION TO LEGAL DEPT.: Y / N

DATE FILLED: \_\_\_\_\_ BY: \_\_\_\_\_

Received by Legal Department on: \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

By: \_\_\_\_\_

**LEGAL DEPARTMENT DISPOSITION:**

\_\_\_\_\_ Department to fill request after form viewed by Legal Dept. No further review by Legal Dept. needed.

PER: \_\_\_\_\_; On: \_\_\_\_\_

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FILLED ON: \_\_\_\_\_; By: \_\_\_\_\_

NOTES:

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\_\_\_\_\_ Legal Department will need to review pulled files/materials prior to view/copy by applicant.

PER: \_\_\_\_\_; On: \_\_\_\_\_

Reviewed on: \_\_\_\_\_; By: \_\_\_\_\_

Letter to applicant needed? **Yes / No**

Applicant Contacted on: \_\_\_\_\_; By: \_\_\_\_\_  
\_\_\_\_\_; By: \_\_\_\_\_  
\_\_\_\_\_; By: \_\_\_\_\_

Applicant Viewed/Provided materials on: \_\_\_\_\_

Files returned to DOCS on: \_\_\_\_\_; By: \_\_\_\_\_

**NOTES FROM LEGAL DEPT. TO DOCS:** ON: \_\_\_\_\_ FROM: \_\_\_\_\_

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