

**Boone County, Indiana
Public Records Request Form**

Return to: Boone County, Indiana
c/o County Attorney
127 W. Main St., Suite 400 Lebanon,
IN 46052
E-mail: publicrecords@co.boone.in.us

Name of person requesting record: _____

Company/Employer (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Date: _____

Please identify the specific record you are requesting:

If your request is approved, please check your preference:

_____ I would like to inspect the record

_____ I am requesting a copy of the record, and I will pay in advance the fee for copying/recording.

_____ I would like to receive the copy by mail, or

_____ I would like to receive the copy via e-mail as a pdf, if possible.

Signature of person requesting record: _____

Date: _____

Inter-Office Use Only

Date Request Received: _____

Date Request Denied: _____

Date Sent to Attorney: _____

Date Request Fulfilled: _____

Amount Charged: _____

Date Payment Collected: _____