

**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: \_\_\_\_\_

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*Inter-Office Use Only*

Date Request Received: \_\_\_\_\_

Date Request Denied: \_\_\_\_\_

Date Sent to Attorney: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Date Payment Collected: \_\_\_\_\_