



## PUBLIC RECORDS REQUEST FORM

By completing this form, you are helping us to administer Indiana's Access to Public Records Act (IC 5-14-3)

Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state/zip)

Email Address: \_\_\_\_\_ Date and time of request: \_\_\_\_\_

Please identify with reasonable particularity the record(s) to be requested.

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

Please check one (1) below:

This is a request

\_\_\_\_\_ to allow me to inspect the record(s).

\_\_\_\_\_ to provide me with a copy of the record in the following format.

\_\_\_ Photocopy, letter and legal size - \$.10 per page

\_\_\_ Photocopy, ledger size - \$.20 per page

\_\_\_ Photocopy, color - \$.25 per page

\_\_\_ Email transmission – no charge

Fees are payable upon request. Email transmission are only available if the record(s) is in electronic format suitable for duplication on such medium.

Seymour Library  
303 W. 2nd St.  
Seymour, IN 47274

Tel: (812) 522-3412  
Fax: (812) 522-5456

Crothersville Library  
120 E. Main St.  
Crothersville, IN 47229

Tel: (812) 793-2927  
Fax: (812) 793-3721

Medora Library  
27 W. Main St.  
P.O. Box 400  
Medora, IN 47260  
Tel: (812) 966-2278  
Fax: (812) 966-2229

Outreach Services  
Serving Jackson County  
Tel: (812) 405-1831

[myjclibrary.org](http://myjclibrary.org)

**Do not write below this line. For office use only.**

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Date and time request received: \_\_\_\_\_

How request was received: \_\_\_ In-Person \_\_\_ Mail \_\_\_ Fax \_\_\_ Phone \_\_\_ Email

Name of person receiving request: \_\_\_\_\_

Response to request: \_\_\_\_\_

Name and title of person making response: \_\_\_\_\_

Date and time of response: \_\_\_\_\_

Revised August 2025