

TOWN OF WHEATFIELD

ACCESS TO PUBLIC RECORDS REQUEST

**Return to:
Town Clerk-Treasurer
TOWN OF WHEATFIELD
170 S. Grace St.
Wheatfield, IN 46392**

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____

PHONE NUMBER: (_____) _____

DATE: _____ **TIME (if requesting in person):** _____

IDENTIFY WITH REASONABLE PARTICULARITY THE INFORMATION REQUESTED:

REASON FOR REQUEST (Optional – For Classification Purposes): _____

Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Date Request Fulfilled: _____
Date Request Denied (if applicable): _____
Reason Request Denied: _____

