

The Board of Commissioners
of the County of Cass, Indiana

ACCESS TO PUBLIC RECORDS REQUEST

Return to:
Public Information Officer
Cass County Commissioners
c/o Cass County Auditor
200 Court Park, Rm 105
Logansport, IN 46947



Name of Requesting Party:				
Address:		City:	State:	Zip:
Telephone:	Date of Request:	Time of Request:	Submitted (check one): <input type="checkbox"/> In person <input type="checkbox"/> Mail, Email or Facsimile	
Email of Requesting Party:		Signature of Requesting Party:		
Name of Department having records, <u>if known</u> :				
Records Requested: Please be specific. Use the back of form if additional space is needed. <hr/> <hr/> <hr/> <hr/> <hr/>				
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> PURCHASE copies of the records requested				
Check one: I request to receive my records by <input type="checkbox"/> in-person pick-up; or <input type="checkbox"/> REGULAR MAIL; or <input type="checkbox"/> EMAIL or <input type="checkbox"/> FAX				