



# City of Wabash

CITY HALL  
202 S. Wabash Street  
Wabash, IN 46992  
(260) 563-4171  
FAX (260) 563-0876

## Request for Disclosure of Public Records

### Requestor Information:

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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Description of Records Requested:

Please identify with reasonable particularity the record(s) being requested:

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### Purpose of Use:

Please indicate the purpose for which you intend to use the requested records (e.g., personal use, academic research, news publication): \_\_\_\_\_

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### Certification:

I affirm, under the penalties for perjury, that the requested material will not be used for commercial purposes as defined by I.C. § 5-14-3-3.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Important Notes:

- A fee of \$0.50 per page shall be paid to the clerk-treasurer's office for copies of public records on letter size, legal size, and 11" × 17" paper.
- Copies of all other permitted documents shall be set at a rate that reimburses the city for copying costs.
- City officials, appointees, or employees may obtain copies without charge in the performance of their duties.
- Payment for copying costs must be made in advance.
- Records obtained under this request shall not be used for commercial purposes, except for nonprofit activities or academic purposes.