



Cedar Lake Police

7228 Constitution Ave P.O. Box 305
Cedar Lake, IN 46303
(219) 374-5416 FAX (219)374-9231



www.cedarlakein.gov

ACCESS TO PUBLIC RECORD REQUEST

DATE: _____ TIME: _____
NAME OF REQUESTING PARTY: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____ EMAIL: _____

Identify with reasonable particularity the information requested. If requesting to inspect or copy a law enforcement recording, include the date and approximate time of the activity, the specific location where the activity occurred, and the name of at least one (1) individual other than a law enforcement officer, who was directly involved in the activity per I.C. 5-14-3-3(i):

Complete/Check ANY that may apply: CASE#: _____ DATE: _____

Tow Release Crash Report Case Report Certified Report(s)
Digital Photos Body/Dash Camera Other _____

I request only one (1) copy of each record requested. I understand that a list of employees of a Public Agency cannot be used for commercial purposes pursuant to I.C. 5-14-3-4(c). I request the Cedar Lake Police Department to copy the above records for me, and agree to pay for the cost at the following rate per Town Ordinance:

\$40.00 Tow Release
\$10.00 per Crash Report
\$0.10 per page on Incident Reports
\$5.00 certified Incident Reports
\$10.00 per photos & media on a Disc (we do not print photos)
\$58.00 recording to 29 minutes / \$92 recording to 59 minutes / \$134 recording to 89 minutes / \$150 recording of 90 minutes or more

Signature of requesting Person:

Printed Name:

Employee Receiving Request:

Date:

Time:

INTER OFFICE USE ONLY

Fulfilled Denied Date/Time Completed: _____

Reason for Denial (if applicable): _____

Name and Title of person completing the request: _____

Amount Charged: _____