

Peggy Holinga Katona  
Auditor



2293 North Main Street  
Crown Point, IN 46307  
219-755-3155  
Fax: 219-648-6047

## Lake County Auditor

1. REQUESTING PERSON: \_\_\_\_\_  
LAST NAME FIRST NAME

ADDRESS: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

2. PUBLIC RECORD REQUESTED / IDENTIFY IN DETAIL RECORD REQUESTED:

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

3. DATE OF REQUEST: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

4. TIME OF REQUEST: \_\_\_\_\_ : \_\_\_\_\_ A.M. \_\_\_\_\_ : \_\_\_\_\_ P.M.  
HOUR MIN HOUR MIN

I UNDERSTAND THAT ANY REVIEW OF RECORDS MUST BE CONDUCTED IN THE PRESENCE OF A REPRESENTATIVE OF THE OFFICE OF THE LAKE COUNTY AUDITOR. I WILL NOT REMOVE ANY RECORDS WITHOUT THE WRITTEN AUTHORIZATION OF THE AUDITOR OF LAKE COUNTY.

I ALSO UNDERSTAND THAT IF I SO WISH TO HAVE A COPY OR COPIES MADE, THE COPYING FEE MUST BE PAID IN ADVANCE AND MADE PAYABLE TO THE AUDITOR OF LAKE COUNTY.

THE PARTY ASKING FOR THE REQUEST WILL BE NOTIFIED BY THE CUSTODIAN OF RECORDS AS TO THE APPROVAL OR DISAPPROVAL OF THE REQUEST. ALSO AT THIS TIME, THE CUSTODIAN OF RECORDS WILL NOTIFY THE PARTY AS TO THE VIEWING TIME OF SAID RECORD REQUEST.

5. \_\_\_\_\_  
SIGNATURE OF REQUESTING PERSON

**AUDITOR'S OFFICE ACTION OF REQUEST**

A. 1. GRANTED IN FULL:            YES            NO            MONTH            /            DAY            /            YEAR

2. DENIED IN FULL:      YES      NO      MONTH / DAY / YEAR

REASON FOR DENIAL:

B. 1. GRANTED IN PART: YES NO MONTH DAY YEAR :

2. DENIED IN PART: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ MONTH / DAY / YEAR

REASON FOR PARTIAL DENIAL:

SIGNATURE OF RESPONSIBLE OFFICER

DATE:           /          /           TIME:           :           (AM) (PM)

REQUESTING PERSON NOTIFIED BY: MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE:        /        /        TIME:        :        (AM)(PM)

SIGNATURE OF CUSTODIAN OF RECORDS