



Alexandrian Public Library

115 W 5th St
Mt Vernon, IN 47620
812-838-3286

All requests must be
mailed or emailed to
library director.

Request to Inspect Public Records Held by the Alexandrian Public Library

The following request is made under Indiana Code 5-14-3.

Name: _____

Organization: _____

Address: _____

_____ Zip code: _____

Phone: _____ Fax: _____

Email: _____

Name(s) of document(s) requested:

*If the document name is not known, provide a brief, specific description of the document requested.
Please attach additional pages as needed to list items in detail.*

Date Signature Printed name

For Staff Use Only

Request received by _____ Date/time _____

Request processed by _____ Date/time _____

Date (if denied) _____ Reason _____

Request denied by (name and title; attach written denial) _____

Time spent assembling records in this request _____ Date/time of appointment for viewing of records _____

Appointment confirmed with requester by (initials) _____ Date _____

Records viewed: Yes No _____
Date/time _____

Copying fee _____ Payment received _____