

PART 3 RESPONSE BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address
---	------------------	----------------

- The Indiana Archives **wishes** to procure the records described in Part 2.
- The Indiana Archives **does not wish** to procure any of the records described in Part 2.

List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.

Signature of Indiana Archives representative	Date signed (month, day, year)
--	--------------------------------

PART 4 ACTION BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address
---	------------------	----------------

- The Indiana Archives **approves** the request to transfer the records described in Part 2.
- The Indiana Archives **denies** the request to transfer the records described in Part 2.

List any limitations, exceptions, or reasons for denial below:

Signature of Indiana Archives representative	Date signed (month, day, year)
--	--------------------------------

PART 5 GENEALOGICAL / HISTORICAL ENTITY WISHING TO PROCURE THE RECORDS

As applicable: To be completed before submission to the County Commission of Public Records by an active genealogical / historical entity of the county that wishes to procure the records described in Part 2.

Name of genealogical / historical entity representative	Telephone number	E-mail address
---	------------------	----------------

Office address of genealogical / historical entity representative (number and street, city, state, and ZIP code)

List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.

PART 6 FINAL ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS

Required: To be completed by the Secretary of the County Commission after receipt of this form with Parts 1 - 5 completed. One copy to be sent to the requestor. One copy to be recorded with the minutes of the County Commission on Public Records.

Name of Secretary of County Commission of Public Records	Telephone number	E-mail address
--	------------------	----------------

Office address of Secretary of County Commission of Public Records (number and street, city, state, and ZIP code)

- The County Commission of Public Records **approves** the request to transfer the records described in Part 2.
- The County Commission of Public Records **denies** the request to transfer the records described in Part 2.

List any limitations, exceptions, or reasons for denial below:

Signature of Secretary of County Commission of Public Records	Date signed (month, day, year)
---	--------------------------------

Name of County Commission of Public Records Chairperson	Signature of County Commission of Public Records Chairperson	Date signed (month, day, year)
---	--	--------------------------------