

LOCATION OF RECORD(S)								
Department / Agency								
Division / Institution	Section / Branch							

PLEASE TYPE OR PRINT FIRMLY - YOU ARE MAKING 2 COPIES.										
DECODD(S) DECUESTED (identify, by title control number, data decovirties)										
RECORD(S) REQUESTED (identify by title, control number, date, description)										
			STANDARD SIZE (8 1							
	Name of requestor Daytime telephol			e number		Uniform copy fee	\$	0.10		
ᆜ	A 1.1 (15 / 1 / 1 / 1			No. of copies made	Х					
Ž	Address (if records are to be r		TOTAL CHARGE	\$						
ō			* Reasonable fee established by agency							
OPTIONAL			NON-STANDARD SIZE							
						Agency fee *	\$	<u> </u>		
						No. of copies made		•		
Dat	Let / time of request	Date / time filled	Request filled by (	name and title)						
bate / time of request						TOTAL CHARGE	\$			
		IF REQUEST IS NOT	FILLED. STATE F	REASON (i.e., confid	lential by statute.	etc.)				
			•	, ,	Signature	•				
					Title		Date	е		
DIS	TRIBUTION: White - Requesto	or; Canary - Cashier								
					LOCATION C	ON OF RECORD(S)				
State Form 1365 (R3 / 11-99)			Department / Agency							
Approved by State Board of Accounts, 1999										
IC 5-14-3				Division / Institution Section / Branch						
PL	EASE TYPE OR PRINT FII									
		DECODD(S) DEOLI	ESTED / idontify b	y title, control numb	or data descripti	on)				
		RECORD(3) REQU	ESTED (Identity b	y uue, control numb	er, date, description	onj				
REQUEST MADE BY:						STANDARD SIZE (8 1/2" X 11" OR 8 1/2" X 14")				
	Name of requestor		Daytime telephone	e number		Uniform copy fee	\$	0.10		
بِــا						No. of copies made	Х			
₹	Address (if records are to be i	mailed):				TOTAL CHARGE	\$			
Address (if records are to be mailed):										
						* Reasonable fee established by agency				
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IF REQUEST IS NOT FILLED, STATE REASON (i.e., confidential by statute, etc.)    Signature										
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