

## REQUEST FOR COMPREHENSIVE REVISION OF MULTIPLE STATE FORMS

State Form 53963 (R / 8-10)

INDIANA COMMISSION ON PUBLIC RECORDS

- INSTRUCTIONS:**
1. Use this form when making the same change to multiple State forms (e.g. only the agency's address is being updated on twenty forms).
  2. Complete all items in the Agency Information section.
  3. List all forms your agency is submitting to ICPR for comprehensive revision. If you require additional space, make as many copies as necessary of the second page of this form.
  4. Indicate whether ICPR or your agency is the designer of each form.
  5. Indicate the State Forms Catalog accessibility of each form. Indicate "P" for general public, "S" for all State Employees, "R" for restricted to your agency, or "N" for not searchable.
  6. Indicate the desired format of each form to be available on the State Forms Catalog: Fillable PDF, Non-fillable PDF, Word, Excel, or other.
  7. Attach a copy of each form on the list and forward to ICPR Forms Management, IGCS W472.

AGENCY INFORMATION			
Printed name of requestor	Signature of requestor	Telephone number (        )	Date ( <i>month, day, year</i> )
Name and address of agency ( <i>room number, street, city, and ZIP code</i> )			Agency number
Printed name of agency forms coordinator	Signature of agency forms coordinator	Telephone number (        )	Date ( <i>month, day, year</i> )
Printed name of agency supervisor	Signature of agency supervisor	Telephone number (        )	Date ( <i>month, day, year</i> )

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