REQUEST FOR PUBLIC RECORDS

State Form 52005 (R3 / 12-11)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-0914
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

1. Type or print in black ink.
2. Identify with as much specificity as possible each public record you would like to inspect.
3. The copying fee for one page of a standard-sized document is 10¢, payable in advance.
4. Return the form to the appropriate organization.
5. The completed form may be delivered to the lobby of INPRS at the address indicated on this form. Lobby hours are 8 a.m. to 5 p.m. weekdays. The agencies are closed on weekends and holidays, including all State-designated holidays.

REQUESTOR INFORMATION

Requestor's name *(last, first, middle initial)*	Telephone number with area code	
Address	E-mail address	
City	State	ZIP Code

REQUEST FOR PUBLIC RECORDS

Pursuant to Indiana's Access to Public Records Law (*IC 5-14-3 et. seq.*), I would like to inspect public records of INPRS.

This request is for the following public records:

IC 5-10.5-6-4 provides that Fund records of individual members and membership information are confidential, except for the name and years of service of a fund member.

My inspection will be by *(check only one)*

☐ A copy of the record(s) provided by INPRS as requested above.
☐ Inspection in person with the opportunity to make notes and copy selected pages on a machine provided by INPRS.

Requestor's signature	Date *(mm/dd/yyyy)*

FOR OFFICE USE ONLY

Receiver's signature	Date received *(mm/dd/yyyy)*	Time received *(hh:mm)*