



REQUEST FOR PUBLIC RECORDS

(Pursuant to Indiana Code 5-14-3)

INSTRUCTIONS: The Newton County Sheriff's Office is committed to compliance with the Indiana Access to Public Records Act (APRA) and it is our policy to comply with the Indiana Public Records Law. Use of this form is in accordance with I.C. 5-14-3-3(a)(2) and is the preferred method of receiving public records requests. Failure to provide the required information within this form or the use of other methods to request public records may result in no action being taken on the request or delay the process. Submit the completed form in person, via fax, mail or email as scanned attachments. In submitting via email, you should ensure that the security of your email system is adequate for transmitting sensitive information before choosing to transmit your request, which contains your personally identifiable information. The Newton County Sheriff's Office is not responsible for personal information being accessed from an outside source should you choose to submit your request via email. **Mail:** Newton County Sheriff's Office, ATTN: Records, 304 E. Seymour Street, Kentland, IN 47951 **Fax:** (219) 474-3333 **Email:** scothran@newtoncounty.in.gov

Note: A fee of eight dollars (\$8.00) will be assessed and collected for each and every copy of a police report, photo CD or audio recording requested by an individual for uses not associated with law enforcement or governmental purposes prior to the requested records being released. Payment must be in the form of Money Order, Certified Check or Exact Cash. We **do not accept Credit Cards**. You will be charged the greater of \$.10 per page for standard photocopying or the direct cost for all other reproductions, as defined by I.C. 5-14-3-2, and by submitting this request, you expressly agree to be liable for these charges.

1. Indicate from which department you are requesting records (choose only the applicable options, as checking all will delay your request).

Investigations

Corrections

2. Indicate the type of incident you are seeking information for (choose only the applicable options, as checking all will delay your request).

Assault

Burglary

Theft

Robbery

Accident

Other: _____

3. Indicate approximate date, time and location of incident in which you are seeking information, and assigned case number.

Person(s) Involved: _____

Date: _____

Time: _____

Location: _____

Case Number: _____

Name of Requestor (**REQUIRED**) _____

Address _____

City _____ State _____ ZIP _____

Phone No. (_____) _____ Email Address: _____

Date Requested _____

(Requested delivery dates cannot be guaranteed)

FOR OFFICE USE ONLY

Records Available: ____ Yes ____ No

Copies Made: ____ Yes ____ No

Copying Fee \$ _____

Signature of Records Custodian: _____ Date _____

Comments: _____