REQUEST FOR PUBLIC RECORDS

Requestor Information (Please print or type)

First Name ___________________________ MI _______ Last Name ___________________________

E-mail Address __________________________

Mailing Address __________________________

City ___________________________ State _____________ Zip ___________________________

Telephone ___________________________ Cell Phone ___________________________

Date of Submission of Request: ___________________________

Preferred Method of Delivery*: E-mail _______ US Mail _______ Pick Up ________

*Please note that we cannot guarantee your preferred method of delivery.

Record Request Information (Please print or type)

Please be as specific as possible in describing the public records you are requesting. You may attach additional pages, if necessary.

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Miscellaneous

Indiana Code § 5-14-3-3(a)(2) permits the Indianapolis Airport Authority to have a written form for submission of requests for public records. You may be required to pay a fee for public records, as authorized by Indiana Code § 51-4-3-8. Please note that this document may itself be disclosed in response to a request for public records.

Please remit form to:

Indianapolis Airport Authority
Attn: Office of the General Counsel
7800 Col. H. Weir Cook Memorial Drive
Indianapolis, IN 46241