

PUBLIC RECORDS REQUEST

Name of Requesting Party:			
Address:	City:	State:	Zip:
Telephone:		Date of Request:	
Email of Requesting Party:			
Records Requested. Please be specific. Use the back of form if additional space is needed.			
<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>			
Check one: I request to receive my records by in person, pick-up; Regular Mail; or Email			

*** SUBMIT REQUESTS TO General Counsel Patrick Lyp at plyp@valpo.us or by mail at 166 Lincolnway, Valparaiso, IN 46383***

Our City...Our Values

Honestly Accountable Surprisingly Responsive Boldly Proactive Creatively Frugal Respectfully Compassionate