

DeMotte Police Department

Phone (219) 987-3344 Fax (219) 987-3377

Request for Access to Public Records

Indiana Access to Public Records Act (APRA) - Pursuant to I.C. 5-14-3-1

All requests must be submitted on this form. Please complete it fully to avoid processing delays.

REQUESTOR INFORMATION

Name: Organization/Firm (if applicable):
Address: City: State: ZIP:
Phone Number: Email:
Indiana resident? ☐ Yes, I am an Indiana resident ☐ No, I am not an Indiana resident

REQUEST MADE ON BEHALF OF / PURPOSE

On behalf of (select one):

- ☐ Myself
☐ Another person who is an Indiana resident
☐ Another person who is not an Indiana resident
☐ An entity based in Indiana
☐ An entity not based in Indiana

For the following purpose:

- ☐ Civil
☐ Philanthropic
☐ Journalistic
☐ Academic
☐ Personal

RECORD(S) REQUESTED

Description of record(s): (Please be as specific as possible, including dates and times)

Date of Occurrence: Time of Occurrence:
Case or CAD Number(s): Date range for records: From to
Person Arrested or Involved: Criminal Action:
Complaints or Requests for Assistance:
Preferred format: ☐ Paper ☐ Electronic ☐ Other:

FEES

Official certification: \$5 per document
Accident reports: \$5
Per page - black and white: \$0.10
Per page - color: \$0.25
CD/DVD: \$5 (includes flash drives)
Body cam / dash cam footage: \$150 (up to \$150 per video)
Postage fee:

Important Notice

Once notified that your requested records are ready for pick up, you have 90 days to collect the materials. If the records are not picked up within this timeframe, you will need to submit a new request.

Payment must be received before records are released.

SIGNATURE

Requestor Signature: Date of Request: Time:

OFFICE USE: Date received: APPROVAL: DATE: