

**COUNTY OF HUNTINGTON  
ACCESS TO PUBLIC RECORDS REQUEST**

NAME OF REQUESTING PARTY \_\_\_\_\_

ADDRESS OF REQUESTING PARTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_ TIME \_\_\_\_\_

SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

**INFORMATION REQUESTED: (Please be specific. Use back of this form if additional space is needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting party requests \_\_\_\_\_ to inspect or \_\_\_\_\_ to buy copies (Check One) of the information being requested.

DEPARTMENT HAVING INFORMATION REQUESTED (If known): \_\_\_\_\_

**ALL DECISIONS AS TO DISCLOSABILITY MUST BE MADE AND THE REQUESTING PARTY ADVISED OF SAME WITHIN 24 HOURS AFTER THE REQUEST IS RECEIVED.**

**INTER OFFICE USE ONLY**

Name of Employee Handling Request \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

DECISION BY COUNTY ATTORNEY'S OFFICE

INFORMATION DISCLOSABLE: \_\_\_\_\_

INFORMATION NONDISCLOSABLE: \_\_\_\_\_

ATTORNEY COMMENTS: \_\_\_\_\_

SIGNATURE OF COUNTY ATTORNEY: \_\_\_\_\_

DATE OF DECISION: \_\_\_\_\_

Informed Requesting Party that information is:

\_\_\_\_\_ DISCRETIONARY DISCLOSURE      \_\_\_\_\_ NONDISCLOSABLE

Date: \_\_\_\_\_ Signature: \_\_\_\_\_