



Request for Public Records Held by Bedford Public Library

The following request is made under Indiana Code 5-14-3.

Name: _____

Organization: _____

Address: _____

_____ Zip Code: _____

Phone: _____ Email: _____

Name(s) of document(s) requested:

If the document name is not known, provide a brief, specific description of the document requested. Please attach additional pages as needed to list items in detail.

Date: _____

Signature

Please submit to the Bedford Public Library, 1323 K St. Bedford, IN. Requests can be delivered in person, by mail, or by submitting an online form at www.bedlib.org.

For Staff Use Only

Request received by: _____ Date/Time: _____

Request processed by: _____ Date/Time: _____

If denied, date: _____ Reason: _____

Request denied by: _____

(Name and title. Attach written denial.)

Time spent assembling the records in this request: _____