



TOWN OF WOLCOTT

101 West North St. • WOLCOTT, INDIANA 47995
MAIN PHONE: 219-279-2216

REQUEST FOR PRODUCTION OF DOCUMENTS

Send the completed request form to the address or fax above, or by email to: clerk@wolcottindiana.org

Name of Person requesting documents _____

Address _____

Telephone number: _____ Email: _____

Details of documents requested (i.e. specific document, specific financial report, approximate date of the record, type of record, etc.)

Case Number(s) if known: _____

Date of Request: _____ Your Signature: _____

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Do not write in this area. For use by Wolcott Clerk's Office personnel

Date and time received: _____ By: _____

Request: APPROVED DENIED By: _____ Date and Time: _____

If denied, explanation for denial: _____

Date and time requestor was notified of approval/denial: _____

Released By: _____ Date and Time: _____

Fee: _____