



**HANCOCK COUNTY AUDITOR  
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**To: Debra A. Carnes, Hancock County Auditor**

Hancock County Government Annex Building 111 South American Legion Place, Suite 217  
Greenfield, Indiana 46140-2370  
Telephone: 317.477.1105  
Facsimile: 317.477.1712  
Email: [dcarnes@hancockcoingov.org](mailto:dcarnes@hancockcoingov.org)

I HEREBY REQUEST TO INSPECT AND/OR COPY THE FOLLOWING PUBLIC RECORDS MAINTAINED BY THE HANCOCK COUNTY AUDITOR'S OFFICE:

*(Please make your request as specific as possible and attach additional sheets, if necessary).*

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

COMPANY (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: (if requesting in person): \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*Inter-Office Use Only*

Date Request Received: \_\_\_\_\_ Date Request Denied (if applicable): \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_ Reason Request Denied (if applicable): \_\_\_\_\_

Department/Division: \_\_\_\_\_ Amount Charged (if applicable): \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_ Payment Collected and Processed: \_\_\_\_\_

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*NOTICE TO APPLICANT: You may choose to appeal denial of this application to the County Attorney, who will fully explain his/her reasons for such denial in writing.*

I, \_\_\_\_\_, appeal my denied public records request dated \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_