



Request for Records Pursuant to Indiana Access To Public Records Act
(I.C. 5-14-3-1, et seq., as amended)

Date of Request: 25 Jan 2024 Time of Request: 4:30 pm
Name of person requesting information: Rhonda Greene
Address: 10130 W Suder Lane - Campbellsville, IN 47108
Phone: (812) 620-6006 E-mail Address: JRAC@GreeneForGovernor.com
Organization: GreeneForGovernor.com

Please identify as specifically as possible the information, record, or document requested (attach additional sheet if necessary):

I would like a copy of the last JRAC Board approved meeting minutes, the current JRAC Board members & their titles and the meeting schedule for 2024.

Please indicate whether you wish to inspect the record or wish to obtain a copy:

Inspect

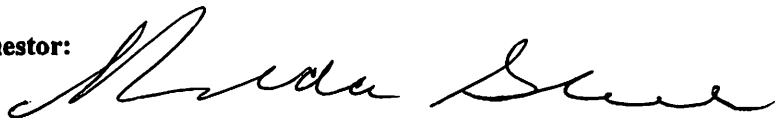
Copy

I understand that the Public Records Act requires an initial response to my request, but not the actual production of records, within a statutorily specified time period. I understand that if I request copies of public records, those copies will be provided to me within a reasonable period of time after the initial response to my request. I further understand that if the request is denied, Clinton County will respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial. I am requesting that Clinton County's response be mailed or e-mailed to me at the following address:

JRAC@GreeneForGovernor.com

Photo Copy Charge: Per I.C. 5-14-3-8, costs associated with copies are \$.10 cents per page that are not color copies and \$.25 cents per page for color copies. The fee for certification of documents may not exceed \$5.00 per document. Other charges may apply to cover costs of reproducing materials in other mediums. Also, you will be charged for postage in the mailing of the requested documents to you. To avoid postage charges, you may pick up documents in person or send a self-addressed, stamped envelope. All charges must be paid to Clinton County before the requested documents will be sent or given you.

Signature of requestor:



Office Use Only

Request received by (check one):

Mail

Fax

E-mail

In Person

Received by: _____ at _____ . m. on _____, 20__.

Name of Department or Office: _____

Sent to County Attorney for response on: _____ By: _____

Response sent to requestor on: _____

Name of person who sent response to requestor: _____

Amount of charges: _____

Information Received by

Date

Clinton County Representative

Date