


**PUBLIC RECORDS (APRA) REQUEST  
CITY OF SOUTH BEND**

Name of Requesting Party:			
Address:		City:	State:
			Zip:
Telephone:	Date of Request:	Time of Request:	Submitted (check one): <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party:		Signature of Requesting Party: 	
Name of Department having records, if known (i.e. Police, Building, Fire/EMS, Public Works):			
Records Requested. Please be specific. Use the back of form if additional space is needed. _____ _____ _____			
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			
Check one: I request to receive my records by: <input type="checkbox"/> in-person pick-up; or <input type="checkbox"/> REGULAR MAIL; or <input type="checkbox"/> EMAIL; or <input type="checkbox"/> FAX			

**\*\*\* SUBMIT REQUESTS TO THE LEGAL DEPARTMENT ([apra@southbendin.gov](mailto:apra@southbendin.gov)) \*\*\***

**CITY OF SOUTH BEND USE ONLY**

Request Received By:	Department:	Date and Time Received:
Acknowledged Receipt: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
Department Comments: _____ _____		
<b>ATTORNEY DECISION</b>		
INFORMATION IS _____ DISCLOSABLE		INFORMATION IS NOT DISCLOSABLE _____
Attorney Comments and Instructions: _____ _____		
Attorney Signature: _____		Date of Decision: _____
Letter sent (Date):	Decision Sent To:	Date:      By:
Informed requesting Party that information is _____ DISCRETIONARY DISCLOSURE or _____ NON-DISCLOSABLE		
Date:	Signature:	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email

To Whom It May Concern:

The South Bend Police Department if an active participant in the City Protect program, according to the City Protect website: <https://cityprotect.com/>

Pursuant to the Indiana Access to Public Records Act, I hereby request the following records:

A copy of all South Bend Police Department policies for the City Protect program.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 7 business days, as the statute requires.

Sincerely,

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