

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

Name of Requesting Party: Taylor Amarel			
Address: 411A Highland Ave MR DEPT 77819	City: Somerville	State: MA	Zip: 02144
Telephone: 6172991832	Date of Request: 8/2/19	Time of Request: 3:00 pm	Submitted (check one): <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party: 77819-27539585@requests.muckrock.com		Signature of Requesting Party: <i>KA</i>	
Name of Department having records, if known (i.e. Police, Building, Fire/EMS, Public Works): Mayor's Office			
Records Requested. Please be specific. Use the back of form if additional space is needed.			
All emails sent to, from, or copied to Pete Buttigieg from January 1, 2019 to June 1, 2019			
containing any of the following non-case-sensitive key-strings:			
"EB-5", "USCIS", " AOC ", "Whistleblower", "Clinton", or "POTUS"			
Check one: I request to <input type="checkbox"/> INSPECT or <input checked="" 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 checked="" 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