


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

<b>Name of Requesting Party:</b> MuckRock / Taylor Scott Amarel			
<b>Address:</b> 10420 Jitney Lane		<b>City:</b> Grass Valley	<b>State:</b> CA
		<b>Zip:</b> 95945	
<b>Telephone:</b> 860-305-0287	<b>Date of Request:</b> May 25, 2018	<b>Time of Request:</b> 9:30 AM EST	<b>Submitted (check one):</b> <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Mail, Email or Facsimile
<b>Email of Requesting Party:</b> <a href="mailto:amareltaylor24@gmail.com">amareltaylor24@gmail.com</a>		<b>Signature of Requesting Party:</b> 	
<b>Name of Department having records, if known (i.e. Police, Building, Fire/EMS, Public Works):</b> Mayor of South Bend			
<b>Records Requested. Please be specific. Use the back of form if additional space is needed.</b>			
I would like to obtain all emails sent to, from, or copied to Pete Buttigieg from January 1, 2016 to Present day containing any of the following non-case-sensitive key-strings: "EB-5", "EB5", "Regional Center", or "USCIS".			
<b>Check one:</b> I request to <input type="checkbox"/> INSPECT or <input checked="" type="checkbox"/> BUY copies of the records requested.			
<b>Check one:</b> 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			

**\*\*\*\*\* DEPARTMENTS MUST SUBMIT REQUESTS TO THE \*\*\*\*\*  
LEGAL DEPARTMENT (apra@southbendin.gov) ON THE DAY OF RECEIPT**

**CITY OF SOUTH BEND USE ONLY**

<b>Request Received By:</b>	<b>Department:</b>	<b>Date and Time Received:</b>
<b>Acknowledged Receipt:</b> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
<b>Department Comments:</b> <hr/> <hr/>		

# ATTORNEY DECISION

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:

In Person

By Telephone

By Email