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# Marshall County Regional Sewer District - Access to Public Records Request

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Return to:  
Marshall County Regional Sewer District  
325 S. Lafayette Blvd  
South Bend, IN 46601  
Email: Questions@Marshallcountysd.com

Name of Requesting Party: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time (if requesting in person): \_\_\_\_\_

Please identify the records requested with reasonable particularity, (i.e., Document Number, Book and Page Number, Ordinance and Resolution Number, etc.). Describe the records with enough detail so that we can adequately respond to your request. Any request that does not identify a record with reasonable particularity will be rejected.

The requested documents are described as follows:

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Please indicate how you wish to receive the documents: Email \_\_\_\_\_ or Hard Copy \_\_\_\_\_

There will be a copying fee of \$0.10 per page associated with your request pursuant to Ind. Code § 5-14-3-8. Please include your email address if you wish to receive electronic records (electronic records may be available at no charge).