



CITY OF
BEECH GROVE
INDIANA

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BEECH GROVE POLICE DEPARTMENT

PUBLIC RECORDS REQUEST

Today's Date: _____

Name: _____

Address: _____ Zipcode: _____

Phone Number: (____) _____ Email: _____

Documents Requested (Attach separate list if additional space is needed):

When form is completed, please send to idacs@beechgrove.com.

FOR CITY STAFF USE ONLY:

FORM OF REQUEST: _____ IN-PERSON _____ ELECTRONIC/LETTER

DATE RECEIVED: _____ RECEIVED BY: _____

DATE INITIAL RESPONSE SENT: _____

RESPONSE SENT BY: _____

FINAL RESPONSE: _____ DOCUMENTS PROVIDED

_____ PARTIAL DOCUMENTS PROVIDED

_____ NO DOCUMENTS PROVIDED

DATE COMPLETION LETTER SENT: _____

COMPLETION LETTER SENT BY: _____

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