

**Hancock County Government  
Office of the County Auditor**

Access to Public Records Policy

The Access to Public Records Act, located at IC 5-14-3, guarantees persons and organizations, including the media, access to public records held by public bodies, public officials and public employees. Please note that all records held by the Auditor's office are not public records. Please refer to IC 5-14-3 for all the rights accorded to you under Indiana law, as well as the prohibitions on disclosure of certain documents to the public or media.

It is the policy of the Hancock County Auditor that all persons are entitled to full and complete information regarding the affairs of County government and the official acts of those elected officials whose actions are maintained in the Auditor's office. It is the policy of the Hancock County Auditor that the burden of proof for the nondisclosure of a public record on any public agency maintained in the Auditor's office that would deny access to the record is upon the Auditor's office and not on the person or organization seeking to inspect and copy the record.

Any person may inspect and copy the public records of this office during regular business hours of 8:00 a.m. to 4:00 p.m., local time. Requests for inspection or copying of a public record must:

1. Identify with reasonable particularity the record being requested
2. Be completed, in writing, on the prescribed form available in the Auditor's office or accessible from the Hancock County Auditor's webpage found at <https://www.hancockin.gov/DocumentCenter/View/1241/Public-Access-Policy-and-Form>

The Auditor's office will accept your request, free of charge, in person or via email [debra.carnes@ Hancockin.gov](mailto:debra.carnes@ Hancockin.gov) and review it for compliance with the above policy. Within seven days, the Auditor's office will provide the requester with the office's decision to approve or deny the records request, with a reasoning provided for a denial for inspection or copying. If a public access request is outside of the Auditor's jurisdiction, the Auditor will direct you to the relevant office, department, or employer if known.

If approved, the Auditor's office will allow the individual or organization requesting the information to inspect the requested public documents or provide the requested copies to the person making the request, or allow the person making the request to make copies on the Auditor's copying equipment or on the requester's own equipment, provided the requester brings the equipment to the Auditor's office. The cost for 8½" x 11" or 8½" x 14" copies made by the Auditor's office staff at the request of the requester is \$0.25 per page. A schedule of photocopy fees for standard and non-standard paper sizes may be found in Section 34.23 of the Hancock County Code of Ordinances.

***Debra A. Carnes***  
***Auditor, Hancock County Indiana***



**HANCOCK COUNTY AUDITOR  
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**To: Debra A. Carnes, Hancock County Auditor**

Hancock County Government Annex Building 111 South American Legion Place, Suite 217  
Greenfield, Indiana 46140-2370  
Telephone: 317.477.1105  
Facsimile: 317.477.1712  
Email: debra.carnes@hancockin.gov

I HEREBY REQUEST TO INSPECT AND/OR COPY THE FOLLOWING PUBLIC RECORDS MAINTAINED BY THE HANCOCK COUNTY AUDITOR'S OFFICE:

*(Please make your request as specific as possible and attach additional sheets, if necessary).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF REQUESTING PARTY: \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: (if requesting in person): \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*Inter-Office Use Only*

Date Request Received: \_\_\_\_\_ Date Request Denied (if applicable): \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_ Reason Request Denied (if applicable): \_\_\_\_\_

Department/Division: \_\_\_\_\_ Amount Charged (if applicable): \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_ Payment Collected and Processed: \_\_\_\_\_

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*NOTICE TO APPLICANT: You may choose to appeal denial of this application to the County Attorney, who will fully explain his/her reasons for such denial in writing.*

I, \_\_\_\_\_, appeal my denied public records request dated \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_