



Office Use Only
 Date Received:
 Time Received:

PUBLIC RECORDS REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely providing as many details as possible. Please identify specifically the records you are requesting. Once this form has been received, the Clerk's office will respond within the timeframe allowed by law pursuant to La. R.S. 44:1 et seq. and inform you of any documents produced. You will be contacted to make an appointment to view the documents requested. Original documents may never leave the Clerk's Office.

If you need copies, please indicate at the bottom of this form in the space provided. Please note if you have requested copies, allow time for copies to be made after payment. While there is no charge to view documents, a rate of \$1.00 per page will apply to all copies made. Documents will not be copied until payment has been received.

****Copies of custom documents will be charged at industry standard rates***

****Compact discs or USBs are provided at a fee of \$25.***

*****Payments can be made in cash, money orders or cashier checks*****

REQUESTER INFORMATION

Name _____ Date: _____
 Company _____
 Phone Number _____ Fax Number _____
 Email Address _____

REQUESTED RECORDS

Time period covering documents requested: _____

- I wish to inspect the requested records and do not want copies produced at this time.
- I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make a payment for the copying costs prior to the documents being copied.

Print Name: _____ Signature: _____