

**City of Walker**

10136 Florida Blvd.  
P.O. Box 217  
Walker, LA 70785  
PH (225) 665-4356  
FAX (225) 667-9075

Office Use Only:

Time Received:

**PUBLIC RECORDS REQUEST FORM**

To expedite your request and to eliminate opportunities for error, please fill out this form completely with as much detail as possible. Please identify specifically the records you are requesting. Once this form has been received, the Clerk's office has 72 working hours to produce said documents. You will be contacted within the 72 working hour window to make an appointment to view the documents requested. Original documents may never leave the Clerk's Office. If you will need copies please indicate this request at the bottom of this form in the space provided. Please note if you have requested copies allow at least 30 minutes 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. Payments must be made in cash.

**Copies of custom documents will be charged at industry standard rate. Compact Discs provided at a fee of \$25.00**

**REQUESTER INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Preferred method of contact in the event of questions: \_\_\_\_\_

**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 payment for the copying costs prior to the documents requested being copied.

\_\_\_\_\_  
Signature of Requester