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Public Records Request

To submit a records request, please complete all information below. We will contact you within three (3) business days to discuss your request and give you an estimate of how much your requested documents will cost. If you approve those cost, we will proceed with fulfilling your request and let you know when it is ready. Please enter as much information as possible so that we can better understand what you are looking for and respond quickly. Cost of the copies will be \$0.50 per page and audio cd's will be \$5.00.

NAME:	DATE:		
ORGANIZATION/COMPANY:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		
REQUESTED DOCUMENTS (Pleas	e be as specific as possible)		
APPROXIMATE DATE OF DOCUM	MENTS:		
REQUESTOR'S SIGNATURE:	DATE:		
	(OFFICE USE ONLY)		
DATE RECEIVED:		MENTS:	
DATE DELIVERED:	APPROVED BY:	APPROVED BY:	
TITLE:			