



**PUBLIC RECORDS REQUEST FORM**

- Step 1. COMPLETE** all information. BE SURE TO DATE AND SIGN REQUEST.
- Step 2. SUBMIT** completed form to: City of Central Municipal Service Center at the address above.
- Step 3. WAIT** for request to be processed. All request are processed in accordance with the Public Records Act of Louisiana, R.S. 44:11 et seq.

LAST NAME	FIRST NAME	MIDDLE INTIAL
NAME OF ORGANIZATION/COMPANY		
MAILING ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	E-MAIL

**Description of Records Request (Type or Print):** To expedite request, be as specific as possible. You may attach additional pages to the form as necessary. Clearly mark attachments.

**Delivery & Payment Information - Check appropriate box.**

- Paper Copies: \$0.25 per page
- Fax Rate: \$1.00 per fax and \$0.25 per page
- CDs or Disks: \$5.00 per disk - audio
- CDs or Disks: \$5.00 per disk and \$0.25 per page - non audio

- Make public records available for viewing.** The requestor will be notified when records are available for review at the City of Central Municipal Service Center. Records will be available for review during regular business hours. There is NO COST to view the public record.
- Make copies for pick up by requestor.** The requestor will be notified when records are available for pick up at the City of Central Municipal Service Center. The requestor must pay all fees before the copies are released.
- Make copies and mail to requestor.** Requestor must provide a self addressed stamped envelope. The requestor must pay all fees before the copies are released.
- Fax copies to requestor (available for 20 pages or less).** The requestor must pay all fees before the copies are released.

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
TIME OF REQUEST

\_\_\_\_\_  
SIGNATURE OF PROCESSOR

\_\_\_\_\_  
DATE PROCESSED

\_\_\_\_\_  
SIGNATURE OF RECIPIENT

\_\_\_\_\_  
DATE OF DELIVERY

\_\_\_\_\_  
TIME OF DELIVERY