

TOWN OF FORDOCHE

PUBLIC RECORDS REQUEST

ALL COSTS MUST BE PAID IN ADVANCE

Make money order payable to: **Town of Fordoche**

Fax form to (225) 637-2899

_____, of _____ D.O.B. _____
Name (Please Print) Organization, if applicable

Mailing Address City State Zip Code

Telephone No.: _____ Fax No.: _____ E-mail _____

DESCRIPTION OF INFORMATION REQUESTED: (Please be as specific as possible to ensure your request is accurately answered. If you need additional space, you may attach another page to this request.)

Select All That Apply:

Copy of Requested Information: **

____ Fax copy (\$1.00 pg.) – ____ Email copy (\$2.00 pg.) - ____ Hard copy (\$0.25 per page plus mailing costs): -
Mail ____ Pick up ____

I understand that I am responsible for the cost of any copies requested above and that no copies will be made until all monies have been paid to the Town of Fordoche. I also understand copies made in response to my request cannot be returned for credit. ** If confidential information must be redacted from a page of the original document, the redacted page will cost \$0.25.

Signed: _____ Date: _____ Time: _____

Town of Fordoche use only:

Request Received: Date _____ Time: _____ By Whom: _____

Estimated number of copies need: _____ Estimated Cost: \$ _____ Actual Cost: \$ _____

Responded: Date _____ Time: _____ By Whom: _____