City of Denham Springs

PUBLIC RECORDS REQUEST FORM

Date:_____/_____/20_____

STEP 1: **COMPLETE all** information in the fields provided. **Please TYPE or PRIN**T. If you have questions, please call the City Clerk at (225) 665-8121 or email cityclerk@cityofdenhamsprings.com

STEP 2: **SUBMIT** completed form by email or in-person to City Clerk, 116 N. Range Avenue, Denham Springs, Louisiana 70726. **DO NOT ATTACH PAYMENT WITH THIS FORM.**

STEP 3: **WAIT** to receive a notice of estimated cost. After payment is received by the City of Denham Springs, copies will be mailed to you or will be available for pick up.

Requestor Information
Please Type or Print

Payment Method & Authorization **Check or Money Order Only.** Duplication Fees Regular rate: $1.00 per page Researched rate: $4.00 per page All fees will be charged as set out in City of Denham Springs Code of Ordinance Section 2- 95 No faxed copies. Emailed copies if under 20 pages. Additional fees for requests of different formats.	Last Name _____ First Name _____ Middle Initial _____ Organization/Company _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) - _____ Email _____ Signature _____

To expedite your request, be as specific as possible – Attach Additional Pages to the Form as Necessary. Include the street address of the facility, the document dates, and other details about the type of record of interest to you.

_____
_____
_____
_____

Delivery Information
Check Appropriate Box

☐ Segregate records for in-person review. To view the records on a particular date, please list it here:_____/_____/20_____. You will be notified when the records are ready for review.

☐ Make copies for me to pick-up in person. Cost of copies shall be paid in advance by check or money order made payable to *CITY OF DENHAM SPRINGS*.

☐ Make copies and mail them to me. Cost of copies and postage shall be paid in advance by check or money order payable to *CITY OF DENHAM SPRINGS*.

DO NOT WRITE IN THIS BOX.
RESERVED BY CUSTODIAN OF RECORDS.

Total number of copies made: _____	Total number of data processing hours:_____
Total amount received:_____	Date request closed:_____