**REQUEST FOR ACCESS TO PUBLIC RECORDS FORM**

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| **PRINT & COMPLETE** all information. BE SURE TO DATE AND SIGN REQUEST.  **SUBMIT** completed form to: Livingston Parish Government, Parish President’s Office, P.O. Box 427, Livingston, LA 70754, Fax to (225) 686-7079, email: [blarkey@lpgov.com](mailto:blarkey@lpgov.com)**. DO NOT ATTACH PAYMENT TO THIS FORM. WAIT to receive a notice of the cost.**  **PAY FEE** if applicable. Once you have received a notice of the cost, submit fees PAYABLE TO THE LIVINGSTON PARISH GOVERNMENT, CHECK, MONEY ORDER OR CASH. Electronic payment will be accepted at (225) 686-4503. RECORDS ARE NOT RELEASED BEFORE FEES ARE PAID. |

**COMPLETE BELOW** Date & Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE\_\_\_\_\_\_\_\_\_

NAME OF ORGANIZATION/COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To expedite request, be as specific as possible. Broad requests may cause a delay in response. You may attach additional pages to this form if necessary. Clearly mark attachments.

**□** Make public record available for viewing. The requestor will be notified when the records are available for review.

**□** Make copies or a CD for pick up by requestor. The requestor will be told the amount for the copies or CD which must be paid for before being released.

**□** Make copies or a CD and mail to requestor. The requestor must submit postage paid envelope and submit the pay before the copies are released.

**□** Make copies and fax or e-mail to requestor. The same charges apply to faxing and emailing as hard copies.

NOTE: we are unable to fax high-volume requests.

**INFORMATION REQUESTED**

All public records requests will be responded to within three (3) business days. However, more complicated requests for access to and copies of public records which require extensive research and copying will be responded to based on either the number of documents, location of records and/or estimated time for processing the request (s). By submitting this request, you are accepting payment responsibility for all costs incurred in producing the requested documents.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*PARISH USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ am \_\_\_ pm\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ am\_\_\_ pm\_\_\_**

**Total number of pages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $ 0.50 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(hard copy or electronic)**

**CD (written copies or audio copies) X $10.00 per CD = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plus number of pages**

**TOTAL CHARGES FOR COPYING/ACCESS TO PUBLIC RECORDS: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administration Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date information released (picked up, mailed, electronically sent, viewed) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**