

Public	Records	Request	Form
Date Si	ubmitted:		

	Requ	uestor's Information	
Full Name			
(Please Print):	Locat	First	MI
	Last	First	M.I.
Company Name:			
(If Applicable)			
Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
	City	State	ZIP Code
Phone:			
Email:			
Linan.			
		quested Document ease be as specific as possible and incl	
	Fees a	and Delivery Methods	
	* Requestor may incur fee	es depending on the scope of the requ	
** This form ma		person at the address below, by U.S. M	ail or electronic mail to
	Paper Copies	vhines@nola.gov \$0.50 per page after	the first 5 pages
	Electronic	Base fee of \$25 for records co	
		Please check one	
	Electronic Copy	□	
	Pick Up		
		H	
	On-Site Inspection		
In accordance w	On-Site Inspection ith the Louisiana Public Records	Law, La. Rev. Stat. § 44:1 , et seq., New to promptly release public records.	o Orleans Redevelopment
In accordance w	On-Site Inspection ith the <u>Louisiana Public Records</u> Authority strives	to promptly release public records.	Orleans Redevelopment
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