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	f D.O.B.		D.O.B
Name (Please Print)	ase Print) , of D.O.E Organization, if applicable			
Mailing Address	City		State	Zip Code
Telephone No.:	Fax No.:	E-m	nail	
	FOLICATED (D)			
DESCRIPTION OF INFORMATION R accurately answered. If you need add				
accurately answered. If you need add	mioriai space, you may all	acii another page to t	ilis request.)	
Select All That Apply:				
Select All That Apply.				
Copy of Requested Information: **				
Fax copy (\$1.00 pg.) –Ema	il copy (\$2.00 pg.)I	Hard copy (\$1.00 per	page plus mail	ing costs): -
Mail Pick up				
I understand that I am responsible t	for the cost of any copies	s requested above a	ind that no coi	oies will be made
until all monies have been paid to the	he Town of Fordoche. I a	also understand co	oies made in re	esponse to my
request cannot be returned for cred		rmation must be red	lacted from a p	page of the original
document, the redacted page will co	ost \$0.25.			
Signed:	Date:		Time:	
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Town of Fordoche use only:				
Town or I or a control accounty.				
Request Received: Date	Time:	By Whom:		
Estimated number of copies need:	Estimated Cost: \$	Actual	Cost: \$	
Responded: Date	Time:	By Whom:		