

CITY OF WALKER

13600 Aydell Lane
 P.O. Box 217
 Walker, LA 70785
 PH (225) 665-4356
 FAX (225) 667-9075

Office Use Only:

Time Received:

PUBLIC RECORDS REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely providing as many details as possible. Please identify specifically the records you are requesting. Once this form has been received, the Clerk's office has 72 working hours to respond and inform you of any documents produced. You will be contacted within the 72 working hour window to make an appointment to view the documents requested. Original documents may never leave the Clerk's Office.

If you need copies, please indicate this request at the bottom of this form in the space provided. Please note if you have requested copies, allow at least 30 minutes for copies to be made after payment. While there is no charge to view documents, a rate of \$1.00 per page will apply to all copies made. Documents will not be copied until payment has been received.

***Copies of custom documents will be charged at industry standard rates*
 Compact discs or USBs are provided at a fee of \$25.**

Payments can be made in cash, money orders or cashier checks

REQUESTER INFORMATION

Name _____ Date: _____

Company: _____

Phone number: _____ Fax Number: _____

Email address: _____

***Preferred method of contact in the event of questions:** _____

REQUESTED RECORDS

Time period covering documents requested: _____

I wish to inspect the requested records and do not want copies produced at this time.

I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copies.

Print Name: _____

Signature: _____