

CAMERON PARISH

PUBLIC RECORDS REQUEST FORM

Date of Request: _____

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Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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DESCRIPTION OF RECORDS REQUESTED:

Please use the space provided below. Be as specific as possible. You may attach additional pages to this form if necessary.

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NAME OF PUBLIC AGENCY THAT YOU BELIEVE MAY HAVE THE RECORDS REQUESTED:

DELIVERY METHOD:

☐	<u>View records at Legal Department</u> – The requestor will be notified when the records are available for review. This is no cost to view the records during regular business hours.
☐	<u>Receive copies by mail</u> – A letter stating the cost for copies will be provided to the requestor. Payment must be made before delivery.
☐	<u>Pick up copies</u> – A letter stating the cost for copies will be provided to the requestor. Payment must be made before delivery.
☐	

PLEASE RETURN THIS PUBLIC RECORDS REQUESTS BY MAIL TO:

Julie Trahan
P. O. Box 280
Cameron, LA 70631