RAPIDES PARISH POLICE JURY

PUBLIC RECORDS REQUEST FORM

STEP 1. **COMPLETE** all information. BE SURE TO SIGN AND DATE REQUEST.

STEP 2. **SUBMIT** completed form to: Custodian of Records, Rapides Parish Police Jury, 711 Washington Street, Alexandria, LA 71301. DO NOT ATTACH PAYMENT TO THIS FORM. WAIT to receive a notice of estimated cost.

STEP 3. **PAY FEE** if applicable. Once you have received a notice of estimated cost, submit fees PAYABLE TO THE RAPIDES PARISH POLICE JURY and copy of invoice to: Custodian of Records, Rapides Parish Police Jury, 711 Washington Street, Alexandria, LA 71301. If payment is not received within 10 working days after notice of estimated cost is forwarded, it may be necessary to initiate a new request. CHECK OR MONEY ORDER ONLY. RECORDS ARE NOT RELEASED BEFORE FEES ARE PAID.

I. INDENTIFICATION

First Name _____MI ___ Last Name _____

Name of Organization/Company _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

II. NATURE OF REQUEST

Please be as specific as possible in defining the records you wish to see. If you do not know the specific name of the records you desire, indicate by a general written description of the type and content of information you wish to locate. Where possible, indicate dates, topic, and person(s) referenced. Attach additional pages if necessary.

Delivery Option – Check appropriate box. Cost of copies shall be paid in advance of delivery.

☐ Make copies for pick up by requestor. The requestor will be invoiced and must pay for the copies before the copies are released.

☐ Make copies and mail to requestor. The requestor will be invoiced and must pay for the copies before the copies are released.

☐ Email documents to requestor. The requestor may be invoiced and if so, the requestor must pay for the copies before the copies are released. **NOTE**: RPPJ is unable to email high-volume requests.

Submission of request is certification that requestor understands and accepts obligation to pay applicable fees for copies of records requested and that no copies may be returned for credit.

Signature _____ Date _____

If you have any questions, please email us at rppj@rppj.com
This form is available at www.rppj.com