



Public Records Request Form

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Description of records requested---Be as specific as possible. Please use the space provided below. You may attach additional pages to this form as necessary.

Delivery Information:

- View Records at Jennings City Hall.** The requestor will be notified when the records are available for review. There is no cost to view or email records during regular business hours.
 - Receive copies by mail** An invoice for the cost of copies will be provided to the requestor, which must be paid before delivery at a cost of \$1.00 per page plus postage.
 - Pick up copies** An invoice for the cost of copies will be provided to the requestor, which must be paid before delivery at a cost of \$ 1.00 per page.
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Please submit this form to: **City of Jennings, Public Records Coordinator, P.O. Box 1249, Jennings, LA 70546, e-mail – cityhall@cityofjennings.com**

Pursuant to La. Const. Art. XII, §3 and Title 44 of the Louisiana Revised Statutes, every person has the right to examine public records, except as otherwise provided by law. If your request is denied, specific reasons for the denial be provided. We are authorized to charge fees for providing copies of records, pursuant to La. R.S. 44:32. For additional information about the Public Records Act, please visit www.ag.state.la.us

Signature