



Public Records Request Form

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

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DESCRIPTION OF RECORDS REQUESTED:

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

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DELIVERY INFORMATION:

- **View records at the local department.** The requestor will be notified when the records are available for review. There is no cost to view the records during regular business hours.
- **Receive copies by mail.** A letter stating the cost for copies will be provided to the requestor, which must be paid before delivery.
- **Pick up copies.** A letter stating the cost of copies will be provided to the requestor, which must be paid before pick up.

PLEASE SUBMIT ALL PUBLIC RECORDS REQUESTS BY USING ONE OF THE FOLLOWING:

City of Carencro
Attn: Lisa Meche, City Clerk
P.O. Box 10
Carencro, La. 70520

Visit: 210 E. St. Peter St. Carencro, La. 70520
Fax: (337) 896-0890
Email: LMeche@carencro.org
Website: Carencro.org