

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 if necessary.

Response Options:

- View records: The requestor will be notified when the records are available for review. There is no cost to view the records during regular business hours.
- Obtain a copy: A letter providing reproduction options (physical or electronic) and costs will be provided to the requestor once the documents have been collected, reviewed, redacted (if necessary), and page numbered.

Please submit all public records requests by using one of the following:

Attn: Custodian of Public Records, Clerk, Mellissa Corley

Email: mellissa@townofoakgrove.com

Fax : 318/428-4556

Mail : 407 East Main Street, Oak Grove, La. 71263

NOTICE: this form and any information contained or submitted herein may become public record.