

**TOWN OF JEAN LAFITTE
PUBLIC RECORDS REQUEST FORM**

This form must be filled out before any Public Records Request is accepted by the Town of Jean Lafitte.
Requestor must show valid identification and document age.
(Must be 18 years of age per LRS 44:32(A))

****YOU MUST ATTACH A COPY OF AN OFFICIAL PICTURE ID SHOWING YOUR DATE OF BIRTH****

Submit to: Town of Jean Lafitte
Custodian of Records/Town Clerk
Mailing Address: 2654 Jean Lafitte Blvd Physical Address: 4917 City Park Drive
Lafitte, LA 70067 Lafitte, LA 70067

Email: ycrain@townofjeanlafitte.com Fax # (504) 233-1207

****** PLEASE PRINT ******

DATE: _____ TIME: _____

CONTACT INFORMATION (Name & Address of Person Making the Request):

NAME: _____

ADDRESS: _____

PHONE # _____ FAX # _____

EMAIL ADDRESS: _____

INFORMATION REQUESTED (Please be specific – Note that the Town cannot “generate” a new record based on this request – the public record must already exist):

ADDRESS/LOCATION OF ANY PROPERTY INFORMATION REQUESTS (One Address per Request):

PERIOD OF TIME THIS INFORMATION IS BEING REQUESTED FOR/OR WOULD LIKELY EXIST:

*******DO NOT WRITE BELOW THIS LINE: FOR OFFICIAL USE ONLY*******

Received By:	_____	Date:	_____
Total # of Copies:	_____	Format:	_____
Total Cost:	\$ _____	(ALL COSTS MUST BE PAID PRIOR TO RELEASE)	
Date Responded To:	_____		
_____	Ready for Pickup or Viewing		
_____	No Records/Information Found		