

CITY OF LAKE CHARLES
CITY ATTORNEY'S OFFICE
 326 Pujo Street
 Lake Charles, LA 70601
 (337) 491-1523 • Fax (337) 491-1488

Written Request for Public Records

I, _____ request copies of the following public records under R.S. 44:32:

Signature	Date						
NAME: PHONE: EMAIL: ADDRESS: RE:	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>						

For office use only:

PRR 2022 - _____

Request received by: _____ on _____

Public requests for copies, computer generated reports, and electronic/digital copies, etc. shall require a written request and be assessed the following rates:

QTY	TYPE	FEE	TOTAL
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	COLOR COPIES	\$1.00 per page	
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	QUARTERLY REPORTS	\$60.00 per quarter	
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	LARGE FORMAT ELECTRONIC COPY	\$5.00 per page	
	DIGITAL MEDIA (DVD)	\$25.00 per DVD	
	VEHICLE CRASH REPORT (LCPD)	\$7.50	
		TOTAL DUE	\$
		TOTAL COLLECTED	\$

Cashier use payment type **FI** (account code 001-0000-367-0401)