

**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:	

\*\*\*\*\*

**For office use only:**

**PRR 2024 - \_\_\_\_\_**

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
	GENERAL COPIES	\$.50 per page (first 50 pages) \$.25 each page over 50	
	COLOR COPIES	\$1.00 per page	
	WEEKLY REPORTS	\$10.00 per week	
	MONTHLY REPORTS	\$20.00 per month	
	QUARTERLY REPORTS	\$60.00 per quarter	
	ANNUAL REPORTS	\$100.00 per report	
	ACTIVE BUSINESS LISTING	\$100.00 per listing	
	OLT BUSINESS LICENSE REPRINTS	\$5.00 per license	
	ELECTRONIC/DIGITAL COPY	\$.50 per page	
	LARGE FORMAT ELECTRONIC COPY	\$5.00 per page	
	DIGITAL MEDIA (DVD)	\$25.00 per DVD	
	VEHICLE CRASH REPORT (LCPD)	\$7.50	
		<b>TOTAL DUE</b>	<b>\$</b>
		<b>TOTAL COLLECTED</b>	<b>\$</b>

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