PUBLIC RECORDS REQUEST FORM

Date:_____
Name:_____
Mailing Address:_____
City, State & Zip Code:_____
Telephone:_____
Fax or Email:_____

Description of records requested, be specific as possible. Please use space provided below. You may attach additional pages to this form if necessary:_____
_____
_____
_____
_____

Standard Costs:

Copies: $1.00/page

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Delivery Information:

□ View Records at Village Hall. 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:

Fax: (318) 858-3555 Email: grandcane@bellsouth.net
Mailing Address: P.O. Box 82, Grand Cane, Louisiana 71032
Physical Address: 8356 Old Hwy 171, Grand Cane, Louisiana 71032

ATTENTION:

Any information submitted to the Village of Grand Cane may become public record pursuant To ACT 256 of 2019 Regular Legislative Session.