

**CITY OF HAMMOND
PUBLIC RECORDS REQUEST FORM**

PRINT & COMPLETE all information. BE SURE TO DATE AND SIGN REQUEST.

SUBMIT completed form to: City of Hammond, Mayor & Administration office, 310 E. Charles Street, P.O. Box 2788, Hammond, LA 70404-2788, Fax: (985) 277-5602, Phone (985)277-5601 email: mitchell_ap@hammond.org DO NOT ATTACH PAYMENT TO THIS FORM WAIT to receive a notice of the cost.

PAY FEE if applicable. Once you have received a notice of the cost, submit fees PAYABLE TO THE CITY OF HAMMOND, CHECK, MONEY ORDER OR CASH. RECORDS ARE NOT RELEASED BEFORE FEES ARE PAID.

COMPLETE BELOW:

DATE & TIME _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

NAME OF ORGANIZATION/COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ FAX (_____) _____

E-MAIL _____ @ _____

To expedite request, be as specific as possible. You may attach additional pages to this form if necessary. Clearly mark attachments. Costs for copies made or requests for free access to public documents after normal working hours or requiring overtime by City employees shall be at the standard copying rate plus the additional cost incurred in paying a City employee assigned to the additional duties; calculated at the normal overtime rate with a minimum charge of one (1) hour in overtime.

- Make public record available for viewing. The requestor will be notified when the records are available for review.
- Make copies or a CD for pick up by requestor. The requestor will be told the amount for the copies or CD which must be paid for before being released.
- Make copies or a CD and mail to requestor. The requestor must submit postage paid envelope and submit pay before the copies are released.
- Make copies and fax or e-mail to requestor. The requestor may be charged a fee, and if so, the requestor must pay before the copies or CD are released. NOTE: we are unable to fax high-volume requests.

INFORMATION REQUESTED – Description or Records Requested be specific (Type or Print):

SUBMISSION OF REQUEST IS CERTIFICATION THAT REQUESTOR UNDERSTANDS AND ACCEPTS OBLIGATION TO PAY APPLICABLE FEES FOR COPIES OF RECORDS REQUESTED AND THAT NO COPIES MAY BE RETURNED FOR CREDIT.

SIGNATURE OF REQUESTOR: _____ **Date** _____

*****CITY USE ONLY*****

Completed By: _____ Date: _____ Time: _____ a.m. _____ p.m.

Total number of pages: _____ x \$.50 = \$ _____

Total number of CD's: _____ x \$ 5.00 = \$ _____

Additional charges: _____ hours x \$ _____ = \$ _____
(Overtime rate)

TOTAL CHARGES FOR COPYING / ACCESS TO RECORDS: \$ _____

Administration Approval: _____ **Date** _____