



GREATER LAFOURCHE PORT COMMISSION PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

DESCRIPTION OF RECORDS REQUESTED

Please use the space provided below. Be as specific as possible. You may attach additional pages to this form if necessary.

DEPARTMENT THAT YOU BELIEVE MAY HAVE THE RECORDS REQUESTED:

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Information Technology (IT)
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Operations
<input type="checkbox"/>	Harbor Police	<input type="checkbox"/>	Other (Please Specify) _____

DELIVERY METHOD:

<input type="checkbox"/>	<u>View records at the Legal Department</u> - The requestor will be notified when the records are available for review. There is no cost to view the records during regular business hours.
<input type="checkbox"/>	<u>Receive copies by mail</u> - A letter stating the cost for copies will be provided to the requestor. Payment must be made before delivery.
<input type="checkbox"/>	<u>Pick up copies</u> - A letter stating the cost for copies will be provided to the requestor. Payment must be made before delivery.
<input type="checkbox"/>	<u>Email</u> - The requestor will be emailed the records to the email address provided above.

PLEASE SUBMIT PUBLIC RECORDS REQUESTS VIA FAX, EMAIL, OR MAIL TO:

FAX: (985) 632-6703

MAIL: Greater Lafourche Port Commission
Attn: Public Records Requests
16829 East Main Street
Cut Off, LA 70345

EMAIL: publicrecords@portfourchon.com