



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:

Administration	Information Technology (IT)
Finance	Operations, Port Fourchon
Harbor Police	Operations, South Lafourche Leonard Miller, Jr. Airport
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

EMAIL: publicrecords@portfourchon.com

16829 East Main Street
Cut Off, LA 70345