

OUACHITA PARISH CLERK OF COURT
PUBLIC RECORDS REQUEST FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

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

RESPONSE OPTIONS:

View Records _____

The requestor will be notified when the records are available for review. There is no cost to the requestor to view the records during regular business hours.

Obtain Copy _____

A letter providing reproduction option (physical or electronic) and costs will be provided to the requestor once the documents have been collected, reviewed, redacted (if necessary) and page numbered. A CHARGE MAY INCUR WITH COPY COSTS.

Please submit all public records requests by using one of the following:

Attn: Honorable Dana Benson, Clerk of Court

Email: danab@opcoc.la.gov

Fax: 318-327-1426

Mail: Ouachita Parish Clerk of Court

Attn: Custodian of Public Records, Clerk of Court, Dana Benson

P.O. Box 1862

Monroe, Louisiana 71201