



**CITY OF SPRINGHILL
OFFICE OF THE CITY CLERK
PUBLIC RECORDS REQUEST FORM**

Date: _____
Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
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 as necessary.

Delivery Information:

- View Records at the Office of the City Clerk.** The requestor will be notified when the records are available for review. There is no cost to view records during regular business hours.
 - Receive copies by mail.** An invoice for the cost of copies and any applicable mailing fees will be provided to the requestor, which must be paid before delivery.
 - Pick up copies.** An invoice for the cost of copies will be provided to the requestor, which must be paid before delivery.
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Please submit this form to: **City of Springhill, Attn: Shelli Malone, City Clerk, P. O. Box 398, Springhill, LA 71075.**

Pursuant to La. Const. Art. XII, §3 and Title 44 of the Louisiana Revised Statutes, every person has the right to examine public records, except as otherwise provided by law. If your request is denied, specific reasons for the denial will be provided. We are authorized to charge fees for providing copies of records, pursuant to La. R.S. 44:32.