

PUBLIC RECORDS REQUEST FORM

Date: _____
Name: _____
Mailing Address: _____
City, State & Zip Code: _____
Telephone: _____
Fax or Email: _____

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

Department that you believe may have the records requested:

- Planning & Zoning
- Code Enforcement
- Permitting
- Other (Please specify) _____

Delivery Information:

- View Records at the Town Hall. The requestor will be notified when the records are available for review. There is no cost to view the records during regular business hours.
- Receive copies by mail. A letter stating the cost for copies will be provided to the requestor, which must be paid before delivery.
- Pick up copies. A letter stating the cost of copies will be provided to the requestor, which must be paid before pick-up.

PLEASE SUBMIT ALL PUBLIC RECORDS REQUESTS BY USING ONE OF THE FOLLOWING:

Fax: (318) 925-9339 Email: townclerk@thetownofstonewall.com
Mailing Address: P.O. Box 92, Stonewall, Louisiana 71078
Physical Address: 1746 US Highway 171, Stonewall, Louisiana 71078