

[Insert Date]

[Insert Name of Agency]
Attention: Custodian of Public Records
[Insert Agency's Address]
[Insert City, LA, Zip Code of Agency]

RE: PUBLIC RECORDS ACT REQUEST

Dear Sir or Madam:

Pursuant to the Public Records Act of Louisiana, R.S. 44:1 et seq., I request copies of the following public records:

[List either specific document(s) you are requesting or, if you don't know, describe the information you are requesting as specifically as possible.]

We request a waiver or reduction of any fees connected with this request. The [insert name of organization] is a non-profit organization. This request is being made in the public interest, and furnishing this information will benefit the public's understanding of [insert activity/action]. If for any reason, our request for information cannot be sent without cost, then *prior to any copying*, please notify us immediately with the reasons for the denial and the cost that will be involved.

If you withhold any documents responsive to this request, please describe the material withheld and specify in detail the statutory or administrative basis for withholding it. All segregable, non-exempt parts of the documents should be provided. If you deny this request pursuant to R.S. 44:34, because the records are not in your custody or control, please answer the following questions in detail:

1. Is a copy of the requested public record usually located in your office?
2. Why is your copy of the requested public record absent from your office?
3. Where is your copy of the requested public record?
4. Who has received your copy of the requested public record?
5. How and from whom did the present custodian gain control of your copy of the requested public record?
6. What was the exact time your copy of the requested public record was taken from your custody and control?
7. When will your copy of the requested public record be returned to your office?

8. Is there any other public official who has a copy of the requested public record?
9. State the name or names of anyone who has a copy of the requested public record.
10. State the location(s) where the requested public record can be viewed.
11. State the hours and dates when the requested public record can be viewed.

Please respond to this request within five days as required by law. See La. Rev. Stat. Ann. Section 44:35(A). If you have any questions, or require clarification of this request, please contact me at the phone number listed below. Thank you for your prompt attention to this matter.

Sincerely,

Your name
Organization
Address
City, State, Zip Code
Phone/Fax number