



*Changing Lives,
Creating Futures*

LCTCS FACILITIES CORPORATION

RECORDS REQUEST FORM

Requestor's Information			
Applicant Name		Date of Request (<i>mm/dd/yyyy</i>)	
Organization Name			
Mailing Address			
City		State	ZIP
Contact Telephone Number		Fax Number	
Email Address			

Requested Documents

(please be as specific as possible; attach additional pages as necessary)

LCTCS Facilities Corporation Board of Directors

Stephen C. Smith, Chair • Senator Lambert Boissiere, Secretary/Treasurer
Representative Billy Montgomery • Judge U. Gene Thibodeaux



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INSTRUCTIONS

1. Complete all information in the fields provided. If you have any questions, please call (504) 544-7713 for assistance.
2. The completed form may be submitted by mail to LCTCS Facilities Corporation, Records Request, 201 St. Charles Avenue, Ste 4240, New Orleans, LA 70170.
3. Once the request is received by the LCTCS Facilities Corporation, it will be reviewed to determine if the requested records can be disclosed. If the requested records are exempt from disclosure, the requestor will be notified by certified mail of the determination and the reasons for it.

If the requested records can be disclosed, the requestor will receive a "Notice of Estimated Costs for Copies of Records" by email or mail.

Costs due are payable upon receipt of the Notice of Estimated Costs for Copies of Records notice. If payment is not received within ten business days after the notice is sent, the requestor must submit a new records request.

Uniform Fee Schedule

Payment Method & Authorization
CHECK OR MONEY ORDER ONLY
Duplication Fees*

Regular rate: \$0.25 per page
(8½X11 & 8½X14)
Spec Sheets: \$0.50 per page (11X17)
CDs or Disks: \$5 per disk + \$25 per
Hr. data processing fee

*Research may require additional fees

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