



West Baton Rouge Parish Public Records Request Form

Date of Request: _____

Time: _____

Accept this as my written request for the following public records:

The fee schedule for reproduction of public records is as follows:

- A. \$.25 per page for Black & White copy & Scanned documents (8.5" x 11x and 8.5" x 14")
- B. \$.50 per page for Color copy (8.5" x 11x and 8.5" x 14")
- C. \$1.00 per page for Black & White OR Color copy (11" x 17")
- D. \$10.00 per CD or Audio Recording of any archived file (s)

Signature: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail Address: _____

Authorization: _____

Delivery Confirmation (Date, Initials) _____

Number of Pages x Fee _____

Other Charges _____

PAID _____ Check No. _____ Cash _____ Date _____

Payment Received By: _____