

Instructions for use of this form:

This form is to be used when a person asks to see and/or copy records of the library system subject to the LSA-R.S. 44:1 ET SEQ

Requester's Name: \_\_\_\_\_  
(please print)

Requester's Address: \_\_\_\_\_  
(please print number, street, city, state, zip)

Requester's Telephone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Description of Document Requested: \_\_\_\_\_

Is a copy desired? Yes No (circle one) Note: A fee is charged for copying.

Requester's Signature: \_\_\_\_\_  
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(to be completed by the Record Custodian)

Request filled by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid (amount): \_\_\_\_\_ (This form serves as a receipt.)  
If a request is denied or withdrawn, state reason(s) for denying or withdrawing the request.