



"Honor, Pride, Dignity"

P.O. Box 729 120 W. McKinley Ave Haughton, La 71037
TEL: (318) 949-6666 FAX: (318) 949-6030

Haughton Police Department



PUBLIC RECORDS REQUEST FORM

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Description of records requested – Be as specific as possible. Please use the space provided below. You may attach addition pages to this form if necessary.

Department(s)/area(s) that you believe may have the records:

- | | | |
|--|---|---|
| <input type="checkbox"/> Animal Services | <input type="checkbox"/> Grants | <input type="checkbox"/> Public Information |
| <input type="checkbox"/> Development – Engineering | <input type="checkbox"/> Health and HR | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Development – Permits | <input type="checkbox"/> Information Technology | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Development – Planning | <input type="checkbox"/> Inspections | |
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Enforcement | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Procurement | |

Response Options:

- View Records The requestor will be notified when the records are available for review.
- Obtain A Copy A letter providing reproduction options (physical or electronic) and costs will be provided to the requestor once the documents have been collected, reviewed, redacted (if necessary), and pages numbered.

Please submit all records requested by using one of the following:

Email: tgibson@haughtonla.gov

Fax: 318-949-2609

Mail: P.O. Box 729

Haughton, LA 71037