**TOWN OF LIVONIA**

**PUBLIC RECORDS REQUEST**

**ALL COSTS MUST BE PAID IN ADVANCE**

Make money order payable to: **Town of Livonia**

Fax form to (225) 637-3189

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_

Name (Please Print) Organization, if applicable

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Mailing Address City State Zip Code

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF INFORMATION REQUESTED:** (Please be as specific as possible to ensure your request is accurately answered. If you need additional space, you may attach another page to this request.)

**Select All That Apply:**

Copy of Requested Information: \*\*

\_\_\_\_Fax copy ($1.00 pg.) - Hard copy ($0.25 per page plus mailing costs): Mail \_\_\_\_ Pick up \_\_\_\_

**I understand that I am responsible for the cost of any copies requested above and that no copies will be made until all monies have been paid to the Town of Livonia. I also understand copies made in response to my request cannot be returned for credit. \*\* If confidential information must be redacted from a page of the original document, the redacted page will cost $0.25.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Town of Livonia use only:**

**Request Received: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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