



# PUBLIC RECORDS REQUEST FORM

City of Gretna, Gretna City Hall  
740 Second Street, Gretna, LA 70053-5829  
P. O. Box 404, Gretna, LA 70054-0404

All public records requests from the City of Gretna, Louisiana will be in the following manner:

### Complete the information requested below.

1. E-mail to: [ncruz@gretnala.com](mailto:ncruz@gretnala.com) (preferred) or Fax: (504) 363-1509 (Call prior to faxing (504) 227-7614)
2. When the requested information is retrieved and ready, you will be contacted via e-mail or phone.
3. Copying charges will apply, for the first page **\$3.00 minimum** and **\$1.00 per page** thereafter.
4. **Archives Search:** Public records are generally maintained for a period of three (3) years. To the extent that a request seeks records beyond 3 years, in certain limited situations records may exist as archived. If an archive search is requested beyond the 3 years, the cost of a search of the municipality's archives is sixty-five dollars (\$65.00) per hour. Please note that the \$65.00 charge is separate and apart from the general copying charges. **Advance payment must be made for the first hour of search.** The City of Gretna will process public documents requests for archived documents upon receipt of the \$65.00 advance payment. This applies only to records beyond 3 years.

**Request Date:** \_\_\_\_\_

Name \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_

No.	Street	City	State	Zip Code
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Contact Phone(s): \_\_\_\_\_ E-Mail Address, please \_\_\_\_\_

**Specific Description of Records requested:** (Please use provided space below.) ↓  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of requestor**

### Information Delivery:

- View Records. The requestor will be notified when the records are available for review. There is no cost to view records during regular business hours.
- Copies by mail. A letter stating the cost for copies will be sent to the requestor. Paid prior to delivery.
- Pick Up Copies. A letter stating the cost for copies will be sent to the requestor. Paid prior to delivery.

Requested records inspected by: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

I, \_\_\_\_\_ acknowledge I was given the opportunity to inspect the records requested above and (if applicable) received all copies of the records for the cost, as shown below. ↵

Page(s) count: \_\_\_\_\_ PAID \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature** acknowledging inspection & receipt of requested copies.