

RAPIDES PARISH COMMUNICATION DISTRICT  
PUBLIC RECORDS REQUEST FORM

- Step 1: Complete all information in the fields provided. Please print or type. If you have questions, please call 318-445-0186 M-F 8a.m. – 4p.m. excluding holidays.
- Step 2: Submit completed form to the Custodian of Records, Rapides Parish Communications District 4216 Ellis Street, Alexandria, LA. 71302. You may also fax this form to 318-445-5605.
- Step 3: We will respond to your request within five (5) business days. Once the records are ready, you will be notified. Payment is due when records are picked up.

Mark all that are being requested/apply:

- \_\_\_\_\_ Paper documents: \$20.00  
This could include the Initial 911 CAD Report and Call  
Detail Report of the number that made the 911 Call
- \_\_\_\_\_ CD/DVD/THUMB DRIVE \$25.00  
Audio of the call and notifications will be copied  
digitally

Method to receive the records:

- \_\_\_\_\_ Mail Certified: Provide Address in the form below \$10.00
- \_\_\_\_\_ Pick up records from the 911 Center - no additional fee

TOTAL: \_\_\_\_\_

\*\*\*\*\*

Please complete the following information:

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Information regarding the PERSON THAT IS MAKING THE REQUEST:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Organization/Company: (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Information regarding the INCIDENT/RECORDS being requested**

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Incident: (IE: fire/medical/disturbance/auto accident, etc.): \_\_\_\_\_

Telephone number where call originated (if known): \_\_\_\_\_