

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 and given an invoice. Payment is due when records are picked up.

Mark all that are being requested/apply:

- | | |
|---|---------|
| _____ <u>Paper documents:</u> | \$20.00 |
| This could include the Initial 911 CAD Report and Call Detail Report of the number(s) that made the 911 Call(s) | |
| _____ <u>CD-R (disc)</u> | \$25.00 |
| Audio of the call(s) and notifications will be copied digitally onto a CD-R | |
| _____ <u>Thumb Drive/USB</u> | \$35.00 |
| Audio of the call(s) and notifications will be copied digitally onto a USB (read only) | |

Method to receive records:

- | | |
|--|---------|
| _____ <u>Mail Certified:</u> Provide Address in the form below | \$15.00 |
| _____ 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): _____