

---

Office of the Attorney General  
Public Records Request Form

---

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

---

Description of records requested---Be as specific as possible. Please use the space provide below. You may attach additional pages to this form as necessary.

---

Division that you believe may have the records requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal                      | <input type="checkbox"/> Investigations      |
| <input type="checkbox"/> Gaming                        | <input type="checkbox"/> Consumer Protection |
| <input type="checkbox"/> Civil                         | <input type="checkbox"/> Litigation          |
| <input type="checkbox"/> Other (Please Specify): _____ |  |

---

**Delivery Information:**

- View Records at the Office of the Attorney General.** The requestor will be notified when the records are available for review. There is no cost to view records during regular business hours.
- Receive copies by mail.** An invoice for the cost of copies will be provided to the requestor, which must be paid before delivery.
- Pick up copies.** An invoice for the cost of copies will be provided to the requestor, which must be paid before delivery.
- 

Please submit this form to: **Office of the Attorney General, Attn: Amanda Larkins, Public Records Coordinator, P.O. Box 94005, Baton Rouge, Louisiana 70804-9005.**

Pursuant to La. Const. Art. XII, §3 and Title 44 of the Louisiana Revised Statutes, every person has the right to examine public records, except as otherwise provided by law. If your request is denied, specific reasons for the denial will be provided. We are authorized to charge fees for providing copies of records, pursuant to La. R.S. 44:32. For additional information about the Public Records Act, please visit our website at [www.ag.state.la.us](http://www.ag.state.la.us).