



Parish of Ascension Public Records Request Form

Date of Request: _____ Time: _____

Accept this as my written request for the following public records:

I understand that the parish policy provides for delivery of public records within three (3) working days. The fee schedule for reproduction of public records is as follows:

- A. \$.25 per page for Black & White copy (8.5" x 11" and 8.5" x 14")
- B. \$.50 per page for Color copy (8.5" x 11" and 8.5" x 14")
- C. \$1.00 per page for Black & White OR Color copy (11" x 17")
- D. \$10.00 per DVD of any archived file(s).

Signature: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail Address: _____

Authorization: _____

Delivery Confirmation (Date, Initials) _____

Number of Pages x Fee _____

Other Charges _____

PAID _____ Check No. _____ Cash _____ Date _____

Payment Received By: _____