
**TOWN OF KINDER
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 provided below. You may attach additional pages to this form if necessary.

Department(s)/area(s) that you believe may have the records:

- | | | |
|---|--|--|
| <input type="checkbox"/> Animal Services | <input type="checkbox"/> Grants | <input type="checkbox"/> Public Information |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Health and Human Services | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Development-Permits | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Department of Utilities |
| <input type="checkbox"/> Development-Planning | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Inspections and Enforcement | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Finance | | |
| <input type="checkbox"/> Other (Please specify) _____ | | |
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Response Options:

- View records: The requestor will be notified when the records are available for review. There is no cost to view the records during regular business hours.
- Obtain a copy: A letter providing reproduction options (physical or electronic) and costs will be provided to the requestor once the documents have been collected, reviewed, redacted (if necessary), and page numbered.

Please submit all public records requests by using one of the following:

Email: traci.fontenot@townofkinder.com

Fax: (337) 738-5681

Mail: P.O. Box 947, Kinder, LA 70648