

James J. Donelon, Commissioner

## PUBLIC RECORDS REQUEST FORM

**STEP 1. PRINT & COMPLETE** all information. BE SURE TO DATE AND SIGN REQUEST.

If you are requesting free or reduced copy of your request, you must complete the Certification for Free or Reduced Rates form.

**STEP 2: SUBMIT** completed form to: Custodian of Records, Louisiana Department of Insurance, 1702 North 3<sup>rd</sup> Street, P.O. Box 94214, Baton Rouge, LA 70802-9214, FAX: 225-342-1632. DO NOT ATTACH PAYMENT TO THIS FORM. WAIT to receive a notice of estimated cost.

**STEP 3. PAY FEE** if applicable. Once you have received a notice of estimated cost, submit fees PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE AND A COPY OF THE INVOICE to: Assessment & Data Management, Louisiana Department of Insurance, 1702 North 3<sup>rd</sup> Street, P.O. Box 94214, Baton Rouge, LA 70802-9214. If payment is not received within 10 working days after notice of estimated cost is forwarded, it may be necessary to initiate a new request. CHECK OR MONEY ORDER ONLY. RECORDS ARE NOT RELEASED BEFORE FEES ARE PAID.

**COMPLETE BELOW:**

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

NAME OF ORGANIZATION/COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_@\_\_\_\_\_

**Description of Records Requested (Type or Print):** To expedite request, be as specific as possible. You may attach additional pages to the form as necessary. Clearly mark attachments.

**Delivery Information—Check appropriate box.** Cost of copies shall be paid in advance of delivery.

\_\_\_\_ **Make public records available for viewing.** The requestor will be notified when records are available for review at the Department of Insurance. There is NO COST to view the public record.

\_\_\_\_ **Make copies for pick up by requestor.** The requestor will be invoiced and must pay for the copies before the copies are released

\_\_\_\_ **Make copies and mail to requestor.** The requestor will be invoiced and must pay for the copies before the copies are released.

\_\_\_\_ **Make copies and fax to requestor.** The requestor may be invoiced, and if so, the requestor must pay for the copies before the copies are released. NOTE: The LDI is unable to fax high-volume requests.

**SUBMISSION OF REQUEST IS CERTIFICATION THAT REQUESTOR UNDERSTANDS AND ACCEPTS OBLIGATION TO PAY APPLICABLE FEES FOR COPIES OF RECORDS REQUESTED AND THAT NO COPIES MAY BE RETURNED FOR CREDIT.**

**SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**If submitted electronically, signature and date on line above unnecessary.**