



CITY OF KENNER
OFFICE OF THE CITY ATTORNEY

E. "BEN" ZAHN III
MAYOR

JOYCE S. SALLAH
INTERIM CITY ATTORNEY

REQUEST FOR VIEWING AND/OR RECEIVING PUBLIC RECORDS

****PLEASE PRINT LEGIBLY****

Date: _____

Name: _____

Telephone: _____

Address: _____

E-mail: _____

Pursuant to the Louisiana Public Records Act, Louisiana Revised Statute Sec. 44.1, et sec., I am requesting the following:

In accordance with Kenner Ordinance No. 5950 and State Statute, I agree to pay in advance to the City of Kenner, \$2.00 per page* for the production of the documents as well as postage and any other costs associated with the preparation or production of these records.

Signature

*Via cashier's check, money order, or cash in **EXACT AMOUNT ONLY**.