

Public Records	Request	Form
Date Submitted:		

	Reque	stor's Information	
Full Name (Please Print):			
	Last	First	M.I.
Company Name:			
(If Applicable) Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Phone:			
Email:			
	_		
Provide a full de		ested Document ease be as specific as possible	and include the document's
		ce is necessary, please feel free	
		d Delivery Methods depending on the scope of the re	equest *
This form may b	e submitted to NORA in perso	n at the address below, by U.S. N	
	<u>Laura.S</u>	<u>Settlemyer@nola.gov</u>	
	Paper Copies	\$0.50 per page	after the first 5 pages
	Pl	ease check one	
	Electronic Copy	<u>_</u>	
	Pick Up		
	On-Site Inspection		
In accordance w		aw, La. Rev. Stat. § 44:1, et seq., New promptly release public records.	Orleans Redevelopment
	For	Office Use Only	
Received By:			
Tiocorvou by.	(Sign and Print)		
Date:			