

CITY OF Minden



INFORMATION REQUEST FORM
(Type or Print)

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

Each item of requested information is to be submitted on a separate
"Information Request Form"

We shall endeavor to have all requested information available to you by the date you have requested;
however, this is not always possible and in some cases, your request may be delayed.

Standard Costs

CD	\$10.00/disc	Data Processing Fee	\$ 20.00
B&W copies	\$1.00/page	Postage	at cost

INFORMATION REQUESTED (please be specific as possible so that we can better understand what
you are looking for and respond quickly)

Signature of Person Filling Out Request

Mayor or City Clerk

Email completed form to: cityclerk@mindenusa.com or mail to:
Attn: City Clerk
520 Broadway St.
Minden, LA 71055

Date Received: _____
Employee: _____

Processing Fee: _____
Copies: _____
CD: _____
Total Amount: _____