



CITY OF PINEVILLE

City Clerk

910 Main Street

Pineville LA 71360

phone: (318) 449-5660

website: www.pineville.net

PUBLIC RECORDS REQUEST

DATE: _____ NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

HOW DO WISH TO RECEIVE THE RECORDS: VIEW ONLY or PAPER or DIGITAL (please circle one)
If the digital copy is too large to email, we will place the records(s) on a storage device (see fee schedule)

DOCUMENT(S) REQUESTED: *Please be as specific as possible in order to expedite your request. You may attach additional pages to this form as necessary.*

Your signature acknowledges the following: I understand and accept obligations to pay applicable fees for the records requested. I understand payment is required prior to records being released to me. I certify that I am not a convicted felon and that I am of the age of majority.

SIGNATURE: _____