

# 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

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**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](mailto:cityclerk@mindenusa.com) or mail to:

Attn: City Clerk  
520 Broadway St.  
Minden, LA 71055

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Date Received: \_\_\_\_\_  
Employee: \_\_\_\_\_

Processing Fee: \_\_\_\_\_  
Postage: \_\_\_\_\_  
Copies: \_\_\_\_\_  
CD: \_\_\_\_\_  
Total Amount: \_\_\_\_\_