

**City of Minden**  
**Police Department**  
**State of Louisiana Public Records Request**

[LA RS 44:1 et seq](#)

Date of Request: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Detailed Description of Records Requested:**

*Please provide specific identifiers (e.g., Incident/Case Number, Date, Location, and Names of Involved Parties). Specificity ensures the Department can accurately locate the records and provide a timely response.*



*The City of Minden has adopted the fee schedule as outlined in the Louisiana Administrative Code Title 4, Part I, Chapter 3, Section 301. All requestors will be notified of all fees associated with responsive records, and payment shall be collected prior to release.*

*For administrative purposes and to ensure lawful processing of the request, the City of Minden may request limited identifying information: a copy of your driver's license or State-issued Identification. This inquiry will be narrowly tailored and is not intended to discourage, delay, or condition access to public records beyond what is reasonably necessary for compliance with law. You may provide this information with your request to expedite handling.*

\_\_\_\_\_  
**Requestor Signature**

For all completed City of Minden Police Department requests, email the completed form to [jmciver@mindenusa.com](mailto:jmciver@mindenusa.com) or mail to Attn: Chief of Police PO Box 580 Minden, LA 71058