

City Of Minden



INFORMATION REQUEST FORM FOR CITY OF MINDEN RELATED MATTERS (Type or Print)

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

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

Black and White Photocopies	\$0.25
Per Page for Electronic Files, CD-ROM, or USB Drive	\$0.25
Certified Mail Postage	Actual 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

City Clerk

For City of Minden related request, email completed form
to: cityclerk@mindenusa.com or mail to:

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

Postage Fee: _____
Copies: _____
Electronic Fee: _____
Total Fees: _____