



TYRIN Z. TRUONG
Mayor

CITY OF BOGALUSA

PUBLIC RECORDS
214 Arkansas Avenue
Post Office Box 1179
Bogalusa, Louisiana 70427
phone 985.732.6200
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PUBLIC RECORDS REQUEST

APPLICATION DATE _____ / _____ / _____

NAME _____

ADDRESS _____
Street

_____ *City* _____ *State* _____ *Zip Code*

PHONE NUMBER _____ EMAIL ADDRESS _____

DOCUMENT REQUESTING _____

FOR OFFICE USE ONLY:

Estimated Total Pages _____

Estimated Amount Due _____

Date and Time _____
(within 3 business days)

Signature _____
City Employee

FOR OFFICE USE ONLY:

Amount Paid _____

Date Paid _____

Public Records Request Number _____

Signature _____
Custodian of Public Records

I understand that the amount charged is only an estimated amount, and that additional charges may be due upon pickup.

SIGNATURE _____

All in accordance with LA RS § 44:33