Lafourche Parish Sheriff's Office

Public Records Request

(*Please Print Legibly*)

Today's Date: _____

Your Name: _____
First, Middle, Last

Your Address (*as listed on your photo ID card*):

_____
Street

_____
City, State, Zip Code

Your Telephone Number (with area code): **(**_____**)** _____ **-** _____

Request: (*You must be specific about what you are requesting. Please include case number(s), name(s), date of birth(s) and address(es) of those involved in the incident(s) as well as the date range of the request*.)

There will be a fee to obtain your requested records. Please refer to the LPSO fee schedule.

LPSO-1379-O-02/24