ST. TAMMANY PARISH CORONER’S OFFICE

PUBLIC RECORDS REQUEST FORM

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Name: __________________________________________________________

Mailing Address: __________________________________________________

City: ___________________________ State: ______ Zip: ________________

Telephone: __________________________ Fax: __________________________

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Description of records requested – Be as specific as possible. Please use the space provided below. You may attach additional pages to this form if necessary.

Delivery Information:

☐ Pick up copies. A letter stating the cost of copies will be provided to the requestor, which must be paid before pick up.

Please submit all public records requests by using one of following:
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