



State of Louisiana
 DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

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PUBLIC RECORDS REQUEST FORM

Step 1: COMPLETE all information in the fields provided. Please type or print.

Step 2: SUBMIT completed form by email, mail or in-person to the Custodian of Records, LPTB, 104 Fairlane Drive, Lafayette, Louisiana 70507. You may also fax this form to (337) 262-1054.

Step 3: WAIT to receive a notice of estimated cost. Once received, send payment and copies will be mailed once payment is received, or pick up and pay for your copies. **COPYING OF DOCUMENTS WILL NOT BEGIN UNTIL PAYMENT IS RECEIVED BY THE LPTB.**

Date of Request: ____/____/____

Requestor Information:

Name: _____
 Organization/Company: _____
 Mailing Address: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

Requested Documents (please be as specific as possible; attach additional pages as necessary):

Delivery Information (check appropriate box):

- Email records. There is no charge for electronic transmission of records.
- Make copies for me to pick up in person. Cost of copies shall be paid IN ADVANCE by check or money order made payable to *Louisiana Physical Therapy Board*.
- Make copies and mail them to me at the above-listed address. Cost of copies shall be paid IN ADVANCE by check or money order payable to *Louisiana Physical Therapy Board*.
- Fax copies to me. Costs shall be paid for in advance by check or money order payable to *Louisiana Physical Therapy Board*. Only requests of 20 pages or less are eligible for faxing.

Duplication Fees (Check or money order only. DO NOT SEND PAYMENT WITH THIS FORM):

- \$0.25 per page
- \$10.00 surcharge for every 100 pages copied
- \$1.00 per page sent via facsimile (only for requests of 20 pages or less)
- \$5.00 per tape for transcription recordings
- \$10.00 per CD copied
- \$5.00 per certification