



Certification for Free or Reduced Copy Fee

Louisiana Office of Alcohol & Tobacco Control
Juana Lombard, Commissioner

Important: Free and reduced copy fees are given only under the following conditions: to citizens of the state of Louisiana who are indigent and lack the means to pay the regular fee, use of the copies requested will be limited to a public purpose (including but not limited to use in a hearing before any government regulatory commission), the information request is not to be used for personal or proprietary use. IF THE ABOVE CIRCUMSTANCES APPLY TO YOUR REQUEST, PLEASE COMPLETE THE FORM BELOW.

PRINT and COMPLETE ALL information and submit with Public Records Request. Sign, date and submit to:

Legal Counsel/Public Records
Louisiana Office of Alcohol and Tobacco Control
7979 Independence Blvd., Suite 101
Baton Rouge, LA 70806
FAX: (225) 925-4747

I, _____ of _____
(Name) (Organization/Company)

-----, -----, -----, -----
(Address) (City) (State) (Zip)

-----, -----, -----
(Telephone Number) (Fax Number) (Email Address)

do hereby certify ONE of the following:

Certification for Reduced Copy Fee *(Check one.)*

- I am a citizen of the State of Louisiana who is indigent and lacks the means to pay the regular copy fee.
- The use of copies requested will be limited to a public purpose (including but not limited to use in a hearing before any government regulatory commission). I further certify that the information is not to be used for personal or proprietary use. I understand that if, in the future, the Louisiana Office of Alcohol and Tobacco Control determines my use of these documents to be different than represented here, the Office of Alcohol and Tobacco Control reserves the right to recover cost for copying at the normal rate. (Local, city, or parish government entities may qualify for reduced fees under these criteria).
- The copies requested are solely for use by the federal agency named above.

Certification for Free Copies

- The copies requested are solely for use by the Louisiana State Government Agency named above. (Does not include local, city, or parish government entities).

Signature of Requestor x	Date (mm/dd/yyyy)
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If you have any questions, please contact us at (225) 925-4041

FOR OFFICE USE ONLY

Approved Juana Lombard, Commissioner	By: _____ Date: _____
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