

PUBLIC RECORDS REQUEST

This form is used to request records from the Louisiana State Board of Social Work Examiners

Please complete the information below and send to the attention of Jasmine Offord via fax at (225) 756-3472 or email at jofford@labswe.org.

Requestor's Name	Evan Anderson
License Number	Not applicable
Address	MuckRock Dept. 27977
	411A Highland Ave. Somerville, MA 02144-2516
Contact Number	(413) 212-9500
Fax Number	N/A
Email Address	53777-77853295@requests.muckrock.com

Records Requested:

Pursuant to the Louisiana Public Records Law, I hereby request the following records:
A copy of all complaints lodged against Veronica Mollere (12017) and Charlene B. Spears (2225)
The requested documents will be made available to the general public, and this request is not being made for commercial purposes. If possible, please fulfill this request by email. Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 3 business days, as the statute requires.

Fee is \$.25 per page plus postage. Payment is required prior to your request being processed. Payments can be made via credit card or money order. You will be notified if your request cannot be processed within 3 business days.

Name on Card: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Card Number:

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Expiration Date:

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 3-digit Security Code (on back):

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For Office Use Only:
