

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(PLEASE PRINT) DATE: _____ PHONE: _____

PERSONAL REQUESTING: _____ DATE: _____

BUSINESS (If Applicable): _____

If Attorney/Insurance Co. Making Request, Client's Name: _____

ADDRESS: _____

SUBJECT MATTER: _____

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MATTER OF COMPLIANCE: | | Personally Inspect
| | Personally Copy

MATTER OF DELIVERY: | | By Mail to Address Above
| | In Person at Your Office

For further information regarding this form, see the published statement entitled "Policy and Procedure - Mississippi Public Records Act of 1983. A copy of this statement is available upon review.

I understand that actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost if applicable. Actual cost of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

SIGNATURE OF PERSON REQUESTING INFORMATION

DO NOT WRITE BELOW

REQUEST IS DIRECTED TO: City Clerk/City Hall
ESTIMATE OF COST: Copies @ \$.25 each = \$ _____
Copying Time @ \$8.00/Hour \$ _____
Research @ \$17.00/hour \$ _____
Computer Records @ \$55/Hour \$ _____
TOTAL ESTIMATE \$ _____
AMOUNT PAID \$ _____

REQUEST APPROVED _____

REQUEST DENIED _____

CITY CLERK
DATE OF COMPLIANCE: _____

DATE
DEPARTMENT: _____