



Request to Inspect-Copy-Reproduce Public Records

Fax#-601-631-3778

DATE _____ PERSON REQUESTING _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ EMAIL/FAX _____

*SUBJECT MATTER
DESCRIBE RECORDS REQUESTED

Horizontal lines for subject matter description

Table with 3 columns: MATTER OF COMPLIANCE, COST, MANNER OF DELIVERY DESIRED. Includes checkboxes for inspection, copying, and delivery methods.

I HAVE READ AND UNDERSTAND THE PUBLISHED STATEMENTS ENTITLED "POLICY AND PROCEDURE- MISSISSIPPI PUBLIC RECORDS ACT OF 1983" AND I FURTHER UNDERSTAND THAT THE ACTUAL COST OF COMPLIANCE WITH MY REQUEST...

ANY REQUEST SHALL BE CLEAR AND CONCISE AND SHALL BE DIRECTED TOWARD ONLY ONE SUBJECT MATTER.

ACTUAL COSTS OF COMPLIANCE WITH MY REQUEST. IF GRANTED, SHALL BE PAID BY ME IN ADVANCE OF THE RECEIPT OF ANY INFORMATION.

FOR ANY REQUEST WHICH APPEARS TO BE OVER \$50.00, THE CITY OF VICKSBURG RESERVES THE RIGHT TO REQUEST A DEPOSIT BASED ON THE ESTIMATED COST OF PRODUCTION.

SIGNATURE OF PERSON REQUESTING INFORMATION

DATE

APPROVAL GRANTED BY:

DATE

FOR OFFICE USE ONLY

DEPOSIT INFORMATION

IS DEPOSIT REQUIRED [] YES [] NO

AMOUNT OF DEPOSIT \$ _____

DATE DEPOSIT RECEIVED: _____

RECORD INFORMATION

IF APPLICABLE, COMPUTER TIME _____

TIME SPENT MAKING COPIES _____

PERSON COMPLETING REQUEST _____

NUMBER OF PAGES COPIED _____

RESEARCH TIME _____

DELIVERY INFORMATION

IF MAILED, DATE RECORDS MAILED _____

IF PICKED-UP, DATE RECORDS PICKED-UP _____