						Completed by:		
•				Payment Method:				
						Amount Paid:		
		7-22-						
Request Da	te:				<u> </u>			
All records requests are to be directed to			l Ro	auestina records	from the fo	llavoina donostru		
City Clerk / Records Manager			116	Requesting records from the following departments: (Check all that apply.)				
				City Council	Inform	nation Tech / GIS	Police Department	
	•			Finance / Purchasing	Leisur	re Services	Public Works	
				Fire Department	Mayo	r/CAO / City Clerk	Urban Development	
				Human Resources		cipal Court	Utility Billing	
Person/Bus	iness making request:		<u> </u>		<u> </u>			
Address:								
Telephone Number:								
Email Address:								
All requests must be		t be clear a	nd concise & sh	all be directed toward o	naku ono cubioct	matter ner mauech		
Case #/Subject Matter:					my one subject	mutter per request.		
For Court/Police Records   Subject's Date of Birth:   Subject's SSN:								
Manner of Compliance  Personally inspect only								
Ħ	Electronic Copies to be provided							
	Physical copies to be provided							
Manner of Delivery								
	By mail to the address listed above							
	Email or Fax							
In person at the office of the request that has been submitted								
Fee Schedule								
Per Page			\$.25	CIC No Idall and				
Postage (per stamp)			S.25 Current Rate	GIS Map (11" x 17") GIS Map (36" x 48" /	1 24" v 26"\		\$10.00	
Research, copy and/ or scan time (per hour)			\$17.50	Data burned onto D	VD		\$15.00 \$15.00 per DVD	
Actual cost of compliance of request, if granted, shall be paid in advance of receipt of information. Please note research and production time will be based upon								
the hourly rate of the lowest qualified respondent to your request. Payments can be made payable by check, money order, credit/debit cards or cash.  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, if granted, shall be borne by me,								
including mailing costs if applicable.								
YOUR SIGNATURE IS REQUIRED, AS THIS SERVES AS YOUR ACKNOWLEDGEMENT AND AGREEMENT TO ALL OF THE								
TERMS AND CONDITIONS NOTED ABOVE. YOUR REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE.								
Signature of requesting party:								
***************************************								
Request granted by: City Clerk   Deputy City Clerk								

Date Completed: \_\_\_\_\_